FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

11925 S.W. 128 ST. P.O. BOX 161859 MIAMI FL 33186



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 547085

(1)

Mailing Address 11925 S.W. 128 ST. P.O. BOX 161859

MIAMI FL 33116-1859

K & B INVESTMENT CORPORATION

| FILED | |
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| Apr 01 1997 8:00an | Ŋ |
| Secretary of State | |

| Para la constitución de la const | |
|--|---------------------------------------|
| 3. Date Incorporated or Qualified 09/02/1977 | 3a. Date of Last Report 02/02/1996 |
| FEI Number | Applied For |

| 00 | • | | | 05 | 05 | | | | 3. Date incorporated or Qt 09/02/1977 | te of Last Report 02/1996 | | | | | |
|--------------|---|---------------------------|--|---------------------------------------|---------------------|---------------------|---|---------------------|--|------------------------------|--------------|----------------|----------------|--|--|
| 2. | Principal Pl | incipal Place of Business | | | 2a, Mailing Address | | | | 4. FEI Number | | · · · · · · | | pplied For | | |
| 21 | | | | | | | | | 59-1816035 | | | | Not Applicable | | |
| ļ | Suite, Apr. | Suite, Apr. #, etc. Su | | | | Suite, Apt. #, etc. | | | 5. Certificate of Status Des | ienal | | \$8.75 | Additional | | |
| 22 | | | | | | | | | b. Certificate of Status Des | irea | ш | Fee R | equired | | |
| | City & State | y & State City & State | | | | | | | 6. Election Campaign Final | ncing | | \$5.00 | May Be | | |
| 23 | | | | 28 | | | | | Trust Fund Contribution | | | Added | to Fees | | |
| ļ, | Zφ | | Country | Zip |) | Counti | ry | | 8. This corporation has liat | ility for in | tangible t | ax under | s. 199.032, | | |
| 24 | 24 25 29 30 | | | | | | | | Florida Statutes | | Yes 🄀 | No | | | |
| | | | and Address of Cui | rent Registere | d Agent | | | | 10. Name and Address of | New Reg | istered A | gent | | | |
| | | nnou,ben | | | | 8 | 1 | Name | | | | | | | |
| | 1192 | 5 S.W. 128 | ST. | | | 8: | - | Stroot Adde | res (P.O. Boy Number is Not A | coontabl | <u></u> | | | | |
| İ | MIAN | II FL 3318 | 3 | | | " | 82 Street Address (P.O. Box Number is Not Acceptable) | | | | | | | | |
| İ | | | | | | 83 | 3 | | | | | | | | |
| ĺ | | | | | | | 1 | | | | | , , | | | |
| | | | | | | 84 | 4 | City | | | FL | 85 Zip | Code | | |
| 11 | Pursuant t | o the provisi | ons of Sections 607. | 0502 and 607.1 | 508, Florida Statu | tes, the above | l | named core | poration submits this statement | for the ni | rnose of | Ll | its renistered | | |
| | 11. Pursuant to the provisions of Sections 607,0502 and 607,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent Hamilian with, and accept the obligations of, Section 607,0505, Florida Statutes. | | | | | | | | | | | | | | |
| | | n ianii nar Wi | сь, ано восерите в | rigations of, SE | :CiiO'1 bU7.U5U5, F | iorida Statuli | 3S. | | | | | | | | |
| SI | GNATURE , | Shipodore typed | or preited name of registers: | Lacout and lare if an | Jicable (NO | TF: Renistered Ar | toer | t signature require | red when reinstating) | | DATE | | | | |
| 12 | | | | AND DIRECTO | | 13. | 9.7.1 | · egitato e regori | ADDITIONS/CHANGES T | OFFICE | | DIRECTO | | | |
| TI D | | PD | Company of the second s | | DELETE | 1.1 TITLE | | I | | 0.011701 | | Change | Addition | | |
| NAt | ME | JOANNO | J.BEN | | | 1.2 NAME | | | | | • | and Change | | | |
| | -EFT ALUMESS | | 131ST ST | | | 1.3 STREE | | nnarce | | | | | | | |
| | r-S1-7IP | MIAMI FL | | | | | | | | | | | ļ | | |
| <u>971</u> | | 1.4011 | | | 2.1 TITLE | _ | - ZIP: | | | | Change | Addition | | | |
| MA | | IOANBOOL BEN | | 2.2 NAME | | | | | | Orange | L. Addition | | | | |
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| ĺ | LALABAT PI | | | | | | | ODRESS | | | | | ł | | |
| 1171 1171 | Y - \$1 - 7iP | D D | | · · · · · · · · · · · · · · · · · · · | DELETE | 2. 4 CITY | | - ZiP | | | | 16. | | | |
| | | _ | N,JACQUES | | T nerese | 3.1 TITLE | | | | | L | Change | Addition] | | |
| NA | | | / 89TH AVE | | | 3.2 NAME | | | | . • | | | | | |
| | REEL ADDRESS | | OSITI MAE | | | 3.3 STREE | T AI | DDRESS | | | | | | | |
| | 7 - \$1 - ZIP | MIAMI FL | | | D 65: 575 | 3.4 CITY | | - ZIP | | | | | | | |
| TITL | | S | I IACOUEC | | ☐ DELETE | 4.1 TITLE | | | 1 | | l | Change | Addition | | |
| NA | | | V,JACQUES | | | 4. 2 NAME | | | | | | | | | |
| | BEET ADDRESS | | / 89TH AVE | | | 4.3 STREE | T AL | DORESS | | | | | | | |
| | Y - \$1 - 7IP | MIAMI FL | | | · | 4.4 CITY - | ST- | 215 | · · · · · · · · · · · · · · · · · · · | | | | | | |
| ŢĮŢĮ | LF | | | | ☐ DELETE | 5 1 TITLE | | | | | | Change | Addition | | |
| NAS | Vē | | | | | 5.2 NAME | | | | | | | | | |
| 5°H | GET ADDIESS | | | | | 53STREE | TAI | DORESS | | • | | | | | |
| CIT | Y - ST - ZIP | | | | | 5.4 CITY- | ST- | ZIP | · | | | | | | |
| 111. | .F | | | | DELETE | G 1 TITLE | | | | | | Change | Addition | | |
| NAN | vit | | | | | 62 NAME | | | | | | | | | |
| SIB | IEEL ADORESS | | | | | 63 STREE | IA T | DDRESS | | | | | | | |
| GET | V - \$1 - 712 | | | | | 64 CITY | | ŀ | : | | | | Ī | | |

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes, I further certify that the information indicated on this army lypiper or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the double from the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Brack 12 or Block 134 or greed or on an attachment with an address.

SIGNATURE:

3/27/97 305-238-1866