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

**PROFIT** CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # G39091

(5)

COMER	CIAL KALA, INC.									
Principal Place of Business Mailing Address  COMERCIALKALAINC 20185 COUNTRY CLUB DRIV					······································	-		<b>Bibil 31811 8181</b> 1 1		
850 IVES DIAR N. MIAMI BEA	IY RD	1504-B N. MIAMI BEACH FI								
US	•••••					3. Date Incorporated or Qualified 04/25/1983	d 3a. Date of Last Report 05/01/1996			
2. Principal P	lace of Business	28. Mailing Addres	28. Mailing Address 26			4. FEI Number Applied Fo			plied For Applicable	
Suite, Apt	#, etc.	<del>}</del>	Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 A Fee Re		
City & Stat	0	City & State	City & State			Election Campaign Financing     Trust Fund Contribution	cing \$5.00 May Be Added to Fees			
Zip <b>24</b>	Country 25	Zip 29				try  8. This corporation has liability for intangible t Florida Statutes  X Yes  L				
	9. Name and Address of Curr	rent Registered Agent		81		10. Name and Address of New Ro	gistered	Agent		
ANIS, LOTTY TREPNER					Name					
20185 COUNTRY CLUB DR. 1504-B N. MIAMI BEACH FL 33180				82 83	Street Addre	ddress (P.O. Box Number is Not Acceptable)				
					City					
					•		FI	L 1 1 1	Ì	
agent La	am familiar with, and accept the ob					oration submits this statement for the on's board of directors. I hereby acce and when reinstating)	DATE			
12.		AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFI	CERS AN			
TITLE	ANIC ACTIV TOCONED	☐ DELE			ļ			Change	Addition	
NAME Description	ANIS, LOTTY TREPNER 20185 COUNTRY CLUB DR.	#1KMD	1.2 NAME 1.3 STREET ADDRESS		1DDDrcc					
STREET ADORESS	N. MIAMI BEACH FL 33180	# 15070	1.4 CITY-ST		ì					
TITLE		DELE			1			☐ Change	Addition	
NAME			2.2 N	IAME						
STREET ADDRESS			2.3 5	TREET.	ADDRESS	•			II.	
CHY-ST-ZIP				CITY-S	T-ZIP					
TITLE		☐ DELE	1		ł			Change	Addition	
NAME				VAME	1000ccc					
STREET ADDRESS					ADDRESS					
CITY - ST - ZIP TITLE		DELE		CITY-S	31-21			Change	Addition	
NAME				NAME				<b>D</b> =		
STREET ADDRESS					ADDRESS					
CITY - ST - ZIP				CITY-S	1					
THEF		DELI	ETE 517	TITLE				Change	☐ Addition	
NAMÉ			5.2 N	MAME						
STREET ADORESS			5.3 9	STREET	ADDRESS					
CHY-ST-7IP				CITY-S	T-2IP			——————————————————————————————————————	7.7.	
TITLE		☐ DELI						Спалде	Addition	
Kiá Leř	1		<b>2</b> 62 €	HAME	1					

6.3 STREET ADDRESS

64 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

SIGNATURE REQUIRED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

14. 4 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 annual report 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 corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

**FILED** 

Apr 21 1997 8:00am

Secretary of State