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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED Apr 15 1998 8:00am Secretary of State

 Corporatio 	MENT # K6435 MANAGEMENT, INC.	1 (5)			
Principal Place		Mailing Address		(I Date lift and Britis Aroon (1961 pires 1961 diffit an	Auf Armin Arder Annis Albit anes
% GERADO MENDEZ, JR. % GERADO MENDEZ. 2471 JENNIFER HOPE BLVD. 2471 JENNIFER HOPE LONGWOOD FL 32779 LONGWOOD FL 32779				DO NOT WRITE IN THIS	SPACE
				3. Date Incorporated or Qualified 02/09/1989	
2. Principal P	lace of Business	2a. Mailing Address	· · · · · · · · · · · · · · · · · · ·	4. FEI Number	Applied For
21				59-2930664	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Regulred
City & State	0	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the co	
24	25 25 Name and Address of Curren	29	30	Personal Property Tax due June 30. 10. Name and Address of New Registered	Yes No
ME	NDEZ, GERARDO, JR.	II Hadiararan waarii	81 Name	10. Raille and Address of New Negistered) Agont
247	71 JENNIFER HOPE BLVD. NGWOOD FL 32779		82 Street Add	dress (P.O. Box Number is Not Acceptable)	85 Zip Code
office or r agent. I a SIGNATURE	egistered agent, or both, in the State in familiar with, and accept the obligation of the state of the obligation of the state of the obligation of the state of the obligation of the obligatio	int and little if applicable (NO	authorized by the corpora orida Statutes. TE: Registered Agent signature requirements. 13.	rporation submits this statement for the purpose ation's board of directors. I hereby accept the apured when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AN	
TITLE	DP	DELETE	1.1 TITLE	ADDITIONAL TO STATE AND ALL THE PARTY OF THE	Change Addition
NAME	MENDEZ, GERADO, JR.		1.2 NAME		
STREET ADDRESS	2471 JENNIFER BLVD.		1.3 STREET ADDRESS		
CITY-ST-ZIP	LONGWOOD FL		1.4 CITY-ST-ZIP		
TITLE	TS DUSCELL MELEN T	☐ DELETE	2.1 TITLE		Change Addition
NAME STREET ADDRESS	RUSSELL, HELEN T 229 E RIDGEWOOD		2.2 NAME 2.3 STREET ADDRESS		
CITY-ST-ZIP	ALTAMONTE SPGS FL		2.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	3.1 TITLE		Change Addition
NAME	VALENTIN, ELISA		3.2 NAME		
STREET ADDRESS	213 E ALPINE ST		3.3 STREET ADDRESS		
CITY-ST-ZIP	ALTAMONTE SPRGS FL		3 4. CITY-ST-ZIP		
THTLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		1
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		☐ DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		Change Addition
NAME		- veren	5.2 NAME		end arrenda Fill Leading
STREET ADORESS			5.3 STREET ADDRESS		
CITY-S1-ZIP			5.4 CITY - ST-ZIP		
TATLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP	certify that the information supplied w		6.4 CITY - ST - ZIP		

14. I 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 suppliemental 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 of 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.

SIGNATURE:

GERROS MONDEJE Y/10/98

CR2E034 (10/97