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PROFIT CORPORATION ANNUAL REPORT

1996

TITLE

NAME

STREET ADDRESS

SIGNATURE: Halbemkolenmawo



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

P93000066241 (9) **DOCUMENT #** 1. Corporation Name

L & K PROFESSIONAL SERVICES, INC.

Mailing Address Principal Place of Business 5364 NE 3RD AVENUE #4 5364 NE 3RD AVENUE #4 MIAMI FL 33137 MIAMI FL 33137 3a. Date of Last Report 3. Date Incorporated or Qualified 04/20/1995 09/17/1993 Applied For 4. FEI Number 2a. Mailing Address 2. Principal Place of Business 65-0444213 Not Applicable 26 21 \$8.75 Additional Suite. Apt. #. etc. Suite, Apt. #, etc 5. Certificate of Status Desired Fee Required 27 22 \$5.00 May Be 6. Election Campaign Financing City & State City & State Added to Fees Trust Fund Contribution 28 23 8. This corporation has liability for intangible tax under s 199.032, Country Country Ζıρ ☐ Yes ☐ No Florida Statutes 30 29 25 24 10. Name and Address of New Registered Agent Name and Address of Current Registered Agent 81 Name Street Address (P.O. Box Number is Not Acceptable) OLAIGBE, OLA 82 13261 NW 7TH AVENUE 83 MIAMI FL 33168 85 Zip Code 84 City 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. I hereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of. Section 607,0505. Florida Statutes DATE SIGNATURE. 13016 Respite and Agend signature response when remodifying CR2E034 (12/95) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change T] DELETE TITLE 1.2 NAVE KASHIMAWO, HAKEEM NAME 5364 NE 3RD AVENUE #4 1.3 STREET ADDRESS STREET ADDRESS **MIAMI FL 33137** 1.4 CITY - ST. ZIP C(1)Y - \$1 - Z(P) Change Add-tion DELETE 2 1 11(LE PD TITLE 2.2 NAME KASHIMAWO, LUTIFAT NAME 5364 NE 3RD AVENUE #4 2.3 STREET ADDRESS STREET ADDRESS 2.4 C(() + ST - ZIP **MIAMI FL 33137** CITY-SI-ZIP ☐ Change ☐ Add:tion DELE IL 3 1 THTLE TITLE 3.2 NAME NAME 3.3. STREET ADORESS STREET ADDRESS 34 CITY ST-ZIP CITY - ST - ZIP Change Addition DELETE 4.1 Title TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADORESS 4.4.011Y - \$1 - ZIF City-ST-ZIP Change Addition DELETE 5 1 TITLE Title 5.2 NAME NAME 5.3 STREET ADDRESS STREEL ADDRESS 5.4 City - \$1 - 705 CiTY - ST - ZIP Change ■ Addition DELETE 6 1 1131 E

6.2 NAME

6.3 STREET ADDRESS

64 C.TY S1-7IP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 logal 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. 4/12/16 305-754-8775 em Kallimawo HAILEM KISHIMAWO
RE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR