

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

APPROVED
AND
FILED

1997 JUL 29 PM 2:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **99300006241**

1. Corporation Name
L3K PROFESSIONAL SERVICES INC.

Principal Place of Business DADE	Mailing Address 8655 SOUTHWEST 152 AVE UNIT 142 MIAMI FLORIDA 33193
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2. Principal Place of Business DADE COUNTY	2a. Mailing Address 8655 SOUTHWEST
21 Suite, Apt. #, etc. 142	26 Suite, Apt. #, etc. 142
22 City & State MIAMI	27 City & State FLORIDA
23 Zip 33193	28 Zip 33193
24 Country USA	29 Country USA

3. Date Incorporated or Qualified 9/17/93	3a. Date of Last Report 4/12/96
4. FEI Number 650444213	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**MR. OLA OLAMBE
1844 NORTH WEST 2ND AVENUE SUITE 220
MIAMI FLORIDA 33169**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL
85 Zip Code	

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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	DIRECTOR / CEO
STREET ADDRESS	HAKHEM KASHIMANNO
CITY - ST - ZIP	8655 SOUTHWEST 152 AVE UNIT 142 MIAMI FLORIDA 33193
TITLE	<input type="checkbox"/> DELETE
NAME	LATIPAT KASHIMANNO P/D
STREET ADDRESS	8655 SOUTHWEST 152 AVE UNIT 142
CITY - ST - ZIP	MIAMI FLORIDA 33193
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	700002256857--3
1.3 STREET ADDRESS	-08/04/97--01136--003
1.4 CITY - ST - ZIP	****165.00 ****165.00
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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 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.

SIGNATURE: **HAKHEM KASHIMANNO** **7/20/97 (305) 387-6302**

CR2E034 (9/96)

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L & K Professional Services Inc.

HAKEEM KASHIMAWO
~~5864 N.E. 3rd Avenue Suite 4~~
~~Miami, Florida 33167~~
~~(305) 759-6775~~

Memorandum

DATE: July 22, 1997

TO: Sandra B. Mortham, Secretary of
State, Division of Corporations

FROM: Hakeem Kashimawo, Director/CEO,
L & K Professional Services Inc.

RE: Annual Reports Filing

The purpose of this memorandum is in reference to 1997, annual reports filing by L & K Professional Services, Inc. On or about April 24, 1997, I received a telephone call from home/Nigeria, West Africa, that my mother passed away. Immediately, there after I arranged for the airline ticket and went home to bury her with respect. I feel that it is in the best interest of this corporation to advise you of the current situation due to late filing. Your approval in this matter will be greatly appreciated. Enclosed is the filing fee of \$165.00.