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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000084488

1. Corporation Name

K & M INTERNATIONAL CORP

FILED May 04, 1999 8:00 am Secretary of State

05-04-1999 90052 002 ***150.00

N CLIVIII	INTERNATION			-								
Principal Plac	ce of Business		Ma	iling Address					I (BANCEAN COM DESIGN ESIAC) DECIN	MOINS RANGE MAS	EL IGILI GIGIL GIÐI	BI TRIMI IMII (MRI
3500 SW 104				0 SW 104 AVE.								
MIAMI FL 33165 MIAMI FL 33165									DO NOT WE	RITE IN TH	IS SPACE	
•								Ī	3. Date Incorporated or Qualife	d		
									11/01/1995			
2. Principal F	Place of Business		2a.	Mailing Addres	ss				4. FEI Number		A	pplied For
21			26	26					65-0619634		N	ot Applicable
Suite, Apt. #, etc.				Suite, Apt. #, etc.							\$8.75	Additional
22			27					1	5. Certifcate of Status Desired	□.	Fee R	equired
City & Star	te			City & State				l	6. Election Campaign Financing	g	\$5.00	May Be
23			28		_				Trust Fund Contribution		Added	to Fees
Zip		Country		Zip		Country			8. This corporation owes the cu	rrent year l		_
24	25		29		30	0			Personal Property Tax.		Yes	□No
	9. Name and	Address of Curre	ent Regist	ered Agent			·		10. Name and Address of New	Registere	d Agent	
. 05	ייי האריייי					81	Name					
	PEZ, RAQUEL					82	Street	Addres	s (P.O. Box Number is Not Accep	otable)	***	
	0 SW 104 AVE	•										
MIA	MI FL 33165					83						
-						84	City				. 85 Zip	Code
1						04	City			F	L " - "	0000
office or	registered agent	of Sections 607.05 or both, in the Stat and accept the oblig	te of Florid:	a Such change	was auth	horized by	the corp	corpora oration	ation submits this statement for the sound of directors. I hereby according to the sound of directors and the submit of the subm	e purpose e ept the app	of changing it ointment as r	s registered egistered
ugun			J=,	•								
OLONIA TUBE												
SIGNATURE		inted name of registered ag	gent and title if	applicable.	(NOTE: Re	egistered Age		required w	heл reinstating)	DATE		
SIGNATURE		inted name of registered as			(NOTE: Re	egistered Age		required w	her reinstating) ADDITIONS/CHANGES TO C			
								required w			AND DIRECT	
12.	Signature, typed or pri	OFFICERS A		CTORS		13.		required w				
12.	DPT LOPEZ, RAQ	OFFICERS A		CTORS		13. 1.1 TITLE 1.2 NAME		required w				
12. TITLE NAME	DPT LOPEZ, RAQ	OFFICERS A UEL 4 AVE.		CTORS		13. 1.1 TITLE 1.2 NAME	nt signature	required w				
12. TITLE NAME STREET ADDRESS	DPT LOPEZ, RAQ 3500 SW 104 MIAMI FL 33	OFFICERS A UEL 4 AVE. 165		CTORS	ETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE	nt signature	1	ADDITIONS/CHANGES TO C	FFICERS /		Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT LOPEZ, RAQ 3500 SW 104 MIAMI FL 33	OFFICERS A UEL 4 AVE. 165		CTORS	ETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S	nt signature	1	ADDITIONS/CHANGES TO C	FFICERS /	Change	Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	DPT LOPEZ, RAQ 3500 SW 104 MIAMI FL 33 DV S Lo Pe 2	OFFICERS A UEL 4 AVE. 165	AND DIREC	CTORS	ETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME	nt signature	DV:	ADDITIONS/CHANGES TO C	FFICERS A	Change	Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	DPT LOPEZ, RAQ 3500 SW 104 MIAMI FL 33 DV S LO PEZ 1 3500 SS	OFFICERS A UEL 4 AVE. 165 Pedro SW 104 AM	AND DIREC	CTORS	ETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME	T ADDRESS T-ZIP	DV:	ADDITIONS/CHANGES TO C	FFICERS A	Change	Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	DPT LOPEZ, RAQ 3500 SW 104 MIAMI FL 33 DV S LO PEZ 1 3500 SS	OFFICERS A UEL 4 AVE. 165	AND DIREC	CTORS	ETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE	T ADDRESS T-ZIP	DV:	ADDITIONS/CHANGES TO C	FFICERS A	Change	Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT LOPEZ, RAQ 3500 SW 104 MIAMI FL 33 DV S LO PEZ 1 3500 SS	OFFICERS A UEL 4 AVE. 165 Pedro SW 104 AM	AND DIREC	CTORS DEL	ETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY-S	T ADDRESS T-ZIP	DV:	ADDITIONS/CHANGES TO C	FFICERS A	☐ Change	☐ Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	DPT LOPEZ, RAQ 3500 SW 104 MIAMI FL 33 DV S Lo Pez 1	OFFICERS A UEL 4 AVE. 165 Pedro SW 104 AM	AND DIREC	CTORS DEL	ETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY-S 3.1 TITLE 3.2 NAME	T ADDRESS T-ZIP	DV:	ADDITIONS/CHANGES TO C	FFICERS A	☐ Change	☐ Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	DPT LOPEZ, RAQ 3500 SW 104 MIAMI FL 33 DV S Lo Pez 1	OFFICERS A UEL 4 AVE. 165 Pedro SW 104 AM	AND DIREC	CTORS DEL	ETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY-S 3.1 TITLE 3.2 NAME	nt signature T ADDRESS T-ZIP T ADDRESS T-ZIP	DV:	ADDITIONS/CHANGES TO C	FFICERS A	☐ Change	Addition Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	DPT LOPEZ, RAQ 3500 SW 104 MIAMI FL 33 DV S Lo Pez 1	OFFICERS A UEL 4 AVE. 165 Pedro SW 104 AM	AND DIREC	CTORS DEL	ETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE* 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE* 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREE	nt signature T ADDRESS T-ZIP T ADDRESS T-ZIP	DV:	ADDITIONS/CHANGES TO C	FFICERS A	☐ Change	☐ Addition ☐ Addition ☐ Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP	DPT LOPEZ, RAQ 3500 SW 104 MIAMI FL 33 DV S Lo Pez 1	OFFICERS A UEL 4 AVE. 165 Pedro SW 104 AM	AND DIREC	CTORS DEL	ETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY-S	nt signature T ADDRESS T-ZIP T ADDRESS T-ZIP	DV:	ADDITIONS/CHANGES TO C	FFICERS A	☐ Change	Addition Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TITLE TITLE	DPT LOPEZ, RAQ 3500 SW 104 MIAMI FL 33 DV S Lo Pez 16 3500 S miami	OFFICERS A UEL 4 AVE. 165 Pedro SW 104 AM	AND DIREC	CTORS DEL	ETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE* 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE* 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY-S 4.1 TITLE 4.2 NAME	nt signature T ADDRESS T-ZIP T ADDRESS T-ZIP	DV:	ADDITIONS/CHANGES TO C	FFICERS A	☐ Change	Addition Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TITLE NAME NAME	DPT LOPEZ, RAQ 3500 SW 104 MIAMI FL 33 DV S Lo Pez 16 3500 S miami	OFFICERS A UEL 4 AVE. 165 Pedro SW 104 AM	AND DIREC	CTORS DEL	ETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE* 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE* 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY-S 4.1 TITLE 4.2 NAME	T ADDRESS T-ZIP T ADDRESS ST-ZIP T ADDRESS T ADDRESS T ADDRESS	DV:	ADDITIONS/CHANGES TO C	FFICERS A	☐ Change	Addition Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	DPT LOPEZ, RAQ 3500 SW 104 MIAMI FL 33 DV S Lo Pez 16 3500 S miami	OFFICERS A UEL 4 AVE. 165 Pedro SW 104 AM	AND DIREC	CTORS DEL	ETE ETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREE	T ADDRESS T-ZIP T ADDRESS ST-ZIP T ADDRESS T ADDRESS T ADDRESS	DV:	ADDITIONS/CHANGES TO C	FFICERS A	☐ Change	Addition Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT LOPEZ, RAQ 3500 SW 104 MIAMI FL 33 DV S Lo Pez 16 3500 S miami	OFFICERS A UEL 4 AVE. 165 Pedro SW 104 AM	AND DIREC	CTORS DEL DEL	ETE ETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE* 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE* 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREE*	T ADDRESS T-ZIP T ADDRESS ST-ZIP T ADDRESS T ADDRESS T ADDRESS	DV:	ADDITIONS/CHANGES TO C	FFICERS A	☐ Change ☐ Change ☐ Change	Addition Addition Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	DPT LOPEZ, RAQ 3500 SW 104 MIAMI FL 33 DV S Lo Pez 16 5 3500 S	OFFICERS A UEL 4 AVE. 165 Pedro SW 104 AM	AND DIREC	CTORS DEL DEL	ETE ETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE* 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE* 3.1 TITLE 3.2 NAME 3.3 STREE* 3.4 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREE* 4.4 CITY-S 5.1 TITLE 5.2 NAME	T ADDRESS T-ZIP T ADDRESS ST-ZIP T ADDRESS T ADDRESS T ADDRESS	DV:	ADDITIONS/CHANGES TO C	FFICERS A	☐ Change ☐ Change ☐ Change	Addition Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	DPT LOPEZ, RAQ 3500 SW 104 MIAMI FL 33 DV S Lo Pez 16 5 3500 S	OFFICERS A UEL 4 AVE. 165 Pedro SW 104 AM	AND DIREC	CTORS DEL DEL	ETE ETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE* 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE* 3.1 TITLE 3.2 NAME 3.3 STREE* 3.4 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREE* 4.4 CITY-S 5.1 TITLE 5.2 NAME	T ADDRESS T-ZIP T ADDRESS T-ZIP T ADDRESS T-ZIP T ADDRESS T-ZIP	DV:	ADDITIONS/CHANGES TO C	FFICERS A	☐ Change ☐ Change ☐ Change	Addition Addition Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	DPT LOPEZ, RAQ 3500 SW 104 MIAMI FL 33 DV S Lo Pez 16 5 3500 S	OFFICERS A UEL 4 AVE. 165 Pedro SW 104 AM	AND DIREC	CTORS DEL DEL	ETE ETE ETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREE 4.1 TITLE 4.2 NAME 4.3 STREE 5.1 TITLE 5.2 NAME 5.3 STREE 5.1 STREE 5.1 STREE 5.1 STREE 5.1 STREE 5.1 STREE	T ADDRESS T-ZIP T ADDRESS T-ZIP T ADDRESS T-ZIP T ADDRESS T-ZIP	DV:	ADDITIONS/CHANGES TO C	FFICERS A	☐ Change ☐ Change ☐ Change	Addition Addition Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT LOPEZ, RAQ 3500 SW 104 MIAMI FL 33 DV S Lo Pez 16 5 3500 S	OFFICERS A UEL 4 AVE. 165 Pedro SW 104 AM	AND DIREC	CTORS DEL DEL	ETE ETE ETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY-S 3.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY-S 5.1 TITLE 5.2 NAME 5.3 STREE 5.4 CITY-S 5.1 TITLE 5.2 NAME 5.3 STREE 5.4 CITY-S 5.4 CITY-S 5.4 CITY-S 5.5 STREE 5.4 CITY-S 5.5 STREE 5.4 CITY-S	T ADDRESS T-ZIP T ADDRESS T-ZIP T ADDRESS T-ZIP T ADDRESS T-ZIP	DV:	ADDITIONS/CHANGES TO C	FFICERS A	☐ Change ☐ Change ☐ Change	Addition Addition Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	DPT LOPEZ, RAQ 3500 SW 104 MIAMI FL 33 DV S Lo Pez 1 3500 S miami	OFFICERS A UEL 4 AVE. 165 Pedro SW 104 AM	AND DIREC	CTORS DEL DEL	ETE ETE ETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREE 4.1 TITLE 4.2 NAME 4.3 STREE 5.1 TITLE 5.2 NAME 5.3 STREE 5.4 CITY-S 6.1 TITLE 6.2 NAME	T ADDRESS T-ZIP T ADDRESS T-ZIP T ADDRESS T-ZIP T ADDRESS T-ZIP	DV: Pe 35 m	ADDITIONS/CHANGES TO C	FFICERS A	☐ Change ☐ Change ☐ Change	Addition Addition Addition

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 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, with all other like empowered.

SIGNATURE:

KAGULATURE REQUIRED

MATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305 221 6399