

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

FILED

Apr 25 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P96000043209 (1)

1. Corporation Name  
KA-KO INTERNATIONAL CO., INC.



Principal Place of Business  
2450 HOLLYWOOD BLVD.  
SUITE 401  
HOLLYWOOD FL 33020

Mailing Address  
2450 HOLLYWOOD BLVD.  
SUITE 401  
HOLLYWOOD FL 33020-6625

3. Date Incorporated or Qualified  
05/21/1996

3a. Date of Last Report

2. Principal Place of Business

21 4740 NW 157 St.

Suite, Apt. #, etc.

22

City & State

23 MIAMI LAKES FL

Zip

24 33014

Country

2a. Mailing Address

26 4740 NW 157 St.

Suite, Apt. #, etc.

27

City & State

28 MIAMI LAKES FL

Zip

29 33014

Country

30

4. FEI Number  
65-0678319

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

FEDER, LAWRENCE H  
2450 HOLLYWOOD BLVD.  
SUITE 401  
HOLLYWOOD FL 33020

10. Name and Address of New Registered Agent

81 Name

LAWRENCE KAPLAN

82 Street Address (P.O. Box Number is Not Acceptable)

900 BAY DRIVE #1001

83

84 City

MIAMI BEACH

FL

85 Zip Code

33141

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

Signature, type or printed name of registered agent and title if applicable.

LAWRENCE KAPLAN, PRES.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-12-97

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME KAPLAN, LAWRENCE  
STREET ADDRESS 2748 W. 79TH STREET  
CITY- ST- ZIP HIALEAH FL ☐ DELETE

TITLE VSTD  
NAME KOSTICK, JOHN STEPHEN  
STREET ADDRESS 2748 W. 79TH STREET  
CITY- ST- ZIP HIALEAH FL ☐ DELETE

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☒ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS 900 BAY DRIVE #1001  
1.4 CITY- ST- ZIP MIAMI BEACH FL 33141

2.1 TITLE VSTD ☒ Change ☐ Addition  
2.2 NAME JOHN S. KOSTICK  
2.3 STREET ADDRESS 131 NE 172 STREET  
2.4 CITY- ST- ZIP NO. MIAMI BCH., FL 33162

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY- ST- ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY- ST- ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY- ST- ZIP

6.1 TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-12-97

305-430-0550

CR2E034 (9/96)