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PROFIT CORPORATION ANNUAL REPORT

1997

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

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Apr 25 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000043209 (1)

KA-KO INTERNATIONAL CO., INC.

Principal Place	of Business	Mailing Address			ABIN BIRAR INIR (IBN BRIE IBL (BB)
2450 HOLLYWO		2450 HOLLYWOOD BLVD.			
SUITE 401		SUITE 401			
HOLLYWOOD F	L 33020	HOLLYWOOD FL 33020-6625			
				3. Date Incorporated or Qualified 05/21/1996	3a. Date of Last Report
	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21 474	o NW 157 St.	26 4740 Nu) 157 S	t. 65-0678319	Not Applicable
Suite, Apt i	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	•	Crly & State		6. Election Campaign Financing	\$5.00 May Be
23 MIAM	I LAKES FL	28 MIAMI LAKES	SIFL	Trust Fund Contribution	Added to Fees
Zip	Country	Žip	CoUntry	8. This corporation has liability for i	ntangible tax under s. 199.032,
24 330	14 25	29 33014 30		Florida Statutes	Yes No
	9, Name and Address of Current	Registered Agent		10. Name and Address of New Re	gistered Agent
	ER, LAWRENCE H		81 Name	AMERICA MARIA	
	HOLLYWOOD BLVD.		62 Street A	AWRENCE KAPLAN ddress (P.O. Box Number is Not Acceptab 100 BAY DRIVE	(6)
SUIT	E 401		311001	100 BAY DRIVE	""#1081
HOLI	LYWOOD FL 33020		63	100 12:11 11:179	
<u></u>	15 45 607 0700		84 City	HAMI BEACH	FL 85 Zip Code 38141
office 5	o the provisions of sections 697 0502 poistered agent, or both, in the State c	and 607.1508, Florida Statutes, LiFlorida. Such change was autl	ine above-named (horized by the corp	corporation submits this statement for the poration's board of directors. I hereby accept	urpose of changing its registered it the appointment as registered
r agent Far	n lamiliar with: and accept the obligat	ਜੀ।s of, Section 607.0505, Florio	la Statutes.		
ì	n familiar with; end accept the obligat				4-12-97
SIGNATURE	Significant type in oil printed flurie of registered agent	and title if applicable. (NOTE Ri	la Statutes. RENCE KA egistered Agent a gnature r	PLAN , PRES,	4-12-97 DATE
SIGNATURE	Signature type of or printed flame of registered agent OFF ICERS AND	and title if applicable. (NOTE RI	RENCE KA	PLAN , PRES,	4-12-97 DATE ERS AND DIRECTORS IN 12
SIGNATURE	Signs are type or on printed flame of registered agent OFFICERS AND	and title if applicable. (NOTE Ri	RENCE KA egistered Agent e-phature n 13.	PLAW PRES, equired when reinstating) ADDITIONS/CHANGES TO OFFICE	4-12-97 DATE
SIGNATURE	PD KAPLAN, LAWRENCE	and title if applicable. (NOTE RI	RENCE KA egistered Agent e-phature n 13.	PLAN PRES . PQUITED WHEN TEINEDUILD) ADDITIONS/CHANGES TO OFFICE DD	DATE ERS AND DIRECTORS IN 12 Change Addition
SIGNATURE 12. TRUE	PD KAPLAN, LAWRENCE 2748 W. 79TH STREET	and title if applicable. (NOTE RI	RENCE KA egistered Agent erprature n 13. 1.1 TITLE	PLAW PRES, equired when reinstating) ADDITIONS/CHANGES TO OFFICE	4-12-97 DATE ERS AND DIRECTORS IN 12
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14. I do hereby certify that the information supplied with this filling 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-12-91

305-430-0550