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

FILED
Jan 29 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # P97000036551

1. Corporation Name
K99, INC.

Principal Place of Business
710 WASHINGTON AVE.
SUITE 401
MIAMI BEACH, FL. 33139

Mailing Address
710 WASHINGTON AVE.
SUITE 401
MIAMI BEACH, FL. 33139

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 710 WASHINGTON AVE.
Suite, Apt. #, etc.
22 401
City & State
23 MIAMI, FLORIDA
Zip 24 33139 Country 25 DADE

2a. Mailing Address
26 710 WASHINGTON AVE. #401
Suite, Apt. #, etc.
27 401
City & State
28 MIAMI, FLORIDA
Zip 29 33139 Country 30 USA

3. Date Incorporated or Qualified
APRIL 23, 1997

4. FEI Number
65-0757005
☐ 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
GIONATA BELLAGAMBA
710 WASHINGTON AVE, SUITE 401
MIAMI BEACH, FL. 33139

10. Name and Address of New Registered Agent
81 Name GIONATA BELLAGAMBA
82 Street Address (P.O. Box Number is Not Acceptable) 710 WASHINGTON AVE. SUITE 401
83
84 City MIAMI BEACH FL 85 Zip Code 33139

11. Pursuant to the provisions of Sections 607.0505 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] GIONATA BELLAGAMBA 1/23/98
Signature, typed or printed name of registered agent and date of application (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR ANITA ZENOPIAN A. 246 NW 69TH STREET BOCA RATON, FLORIDA 33487 ☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	PRESIDENT GIONATA BELLAGAMBA 710 WASHINGTON AVE. SUITE 401 MIAMI BEACH, FL. 33139 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	300002416295 -01/29/98--01022--016 PE ***150.00 1-29 ☐ Change ☐ Addition

CR2E034 (10/97)

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.

SIGNATURE: [signature] GIONATA BELLAGAMBA 1/23/98 305-604-0599
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR