## 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 # P9700062264 1. Corporation Name

OKYS GROUP, INC.

Principal Place of Business	Mailing Address		
550 SW 153 COURT	7550 SW 153 COURT		

## FILED Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90201 024 \*\*\*150.00



Principal Place	e of Business	Mailing Address			Ì					
7550 SW 153 C	COURT	7550 SW 153 COURT								
#103		#103				DO NOT WRI	TE IN TUIC (	CDACE		
MIAMI FL 33190	, ·	MIAMI FL 33193				3. Date Incorporated or Qualifed	TE BY THIS .	J. AOL		
						07/17/1997				
9 Drivered D	topo of Business	2a, Mailing Address				4. FEI Number		Anr	olied For	
2. Principal P	lace of Business	<del></del>				65-0774993		<u> </u>	Applicable	[
21	# ata	Suite, Apt. #, etc.			00 0114990		\$8.75 A		İ	
Suite, Apt.	#, etc.					<ol><li>Certificate of Status Desired</li></ol>		Fee Rec		
City 8 Stat		City & State		<del></del> -		6. Election Campaign Financing		\$5.00	May Po	ĺ
City & State	<del>u</del>	} <del>-</del> ¬ '			6. Election Campaign Financing		•	o Fees	:	
7in	Country	Zip	Zip Country			8. This corporation owes the curr	ent year Inta			
Zip	25	29	30	,		Personal Property Tax.	on your me		□No	
24	9. Name and Address of Curre	<del></del>	[30]	<del></del>		10. Name and Address of New I	Registered /			1
_ <del></del>	9. Name and Address of Curre	sit Registered Agent	·· <del>··</del>	81 Nam	9 ,	0 00	\	<u> </u>		l
107	ANO, OKSANA			1 1	Le	<u> 2104, OKSANI</u>	<del>\</del>			
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				<u>                                     </u>	VIIA	7111	<u> </u>			ļ
11. Pursuant	to the provisions of Sections 607.05 egistered agent, or both) in the Stat	502 and 607.1508, Florida Statu	tes, the a	above-name	d corpor	ation submits this statement for the	purpose of one of the appoin	:hanging its i itment as rec	registerea aistered	
agent. I a	m familiar with and accept the oblig	ations of, Section 607.0505, Fl	orida Stat	tutes.	poradon	, o 550, o 6, and 4, and 6, an	· · · · · · · · · · · · · · · · ·			Ì
SIGNATURE	Meura	>				·				
	Signature, typed or printed name of registered ag	<del></del>	E. Registere	d Agent signatur	e required v	when reinstating)	DATE			6
12.		ND DIRECTORS	13.		1-	ADDITIONS/CHANGES TO OF			RS IN 12	1 %
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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 a state and that my name appears in 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 a position of the corporation of the corp

**SIGNATURE:**