2004 FOR PROFIT CORPORATION ANNUAL REPORT

emyan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED Apr 26, 2004 8:00 am Secretary of State

ANNUAL REPURI					Secretary of State					
DOCUMENT # P98000018287 1. Enlity Name K-CEL INTERNATIONAL CORP.						04-26-2004	-			
Dringing Place	o of Business	Moiling Address			f .					
Principal Place of Business Mailing Address							•			
2701 NW 2ND AVE. 2701 NW 2ND AVE.										
MIAMI, FL 33	3126	MIAMI, FL 33126			1 1981 1981 119	ININA INFEL NAVIL MAIN ANGE	1 8 31 6 1 14 3 78 14 14 15 16 17	ITT 1811 LETT		
2. Principal Place of Business 3. Mailing Address										
2545 N. MIAMI AVENUE		2545 N. MIAMI AVENUE			INIAN INIUS NASSI KANIC NASSI					
Suite, Apt. #, etc. MIANI AVENUE		Suite, Apt. #, etc.		04202004	Chg-P	CR2E034 (10/03)			
City & State MIAMI ELORIDA		City & State MIAMI FLORIDA		4. FEI Numbe				plied For t Applicable		
33127—	Country	33127	Coun	ntry	5. Certificate	of Status Desired		75 Addi Required		
	6. Name and Address of Current	Registered Agent			7. Name and	Address of New R	egistered Ager	nt		
				Name YAN, E	PRINTY		*			
2701 NW 2ND AVE. MIAMI, FL 33126				2545 N. N	Street Address P.O. Box Number is Not Acceptable)					
				City			FL	Zip.Code		
				City MIAMI				3312°		
8. The above the oblicat	named entity submits this statement for ions of registered agent.	the purpose of changing its	register	ed office or register	red agent, or bot	h, in the State of Flo	rida. I am fami	iar with, a	and accept	
	2	~								
SIGNATURE 7										
<u>:</u>	Signature, typed or printed name of registered agent a	ind title if applicable. (NOT	E: Registere	ed Agent signature required	d when reinstating)	•	DATE		1	
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.0	9. Election Campa Trust Fund Cont		~ _ +-	.00 May Be led to Fees					
10	, OFFICERO AND	DISCOTORS			1001710110	A				
10.	OFFICERS AND		11.	r	ADD: HONS/	CHANGES TO OFF				
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NAME expect apparen	YAN, TEDDY		NAM	- 1						
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STREET ADDRESS CITY-ST-ZIP	.4	,		'-ST-ZIP						
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12. I hereby of indicated of the core	certify that the information supplied with I on this report or supplemental report is poration or the receiver or trustee empor , or on an attachment with an address, v	true and accurate and that rewerted to execute this report	city r the exe ny signa as requi	emption stated in Se ture shall have the	same legal effec	t as if made under d	oath: that I am a	n officer	or director	

Date

Daytime Phone #