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

PROFIT CORPORATION ANNUAL REPORT ₋ 1999

KAMAWAY HOLDINGS, INC.

1. Corporation Name



DOCUMENT # P98000069302

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90011 024 ***150.00

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	LA LIKKKE MINAKA MIKALE PI		

Principal Place	of Business	Mailing Address						
6800 S.W. 80 AVENUE 6800 S.W. 80 AVENUE								
MIAMI FL 33143 MIAMI FL 33143			DO NOT WRITE IN THIS SPACE					
								
					3. Date Incorporated or Qualifed			
					08/10/1998			
2. Principal Pla	ace of Business	2a. Mailing Address		./4. FEI Number	Appli	ed For		
¬ ′	. •	26		165-08-57405	Not A	pplicable		
Suite Ant #	0.4- 4-4 # 040		S o of a Court of Section	8.75 Ad	ditional			
		5. Certificate of Status Desired	· Fee Requ	ired				
22 27 City & State City & State			6. Election Campaign Financing	\$5.00 M	31/ Bo			
	5.09		Trust Fund Contribution	Added to	*			
23		28			This corporation owes the current year Intangible			
Zip	Country	Zip	Country					
24	25	29 30	<u>'L</u>	. Crocker troperty		<u> </u>		
	9. Name and Address of Curre	nt Registered Agent		I	10. Name and Address of New Registered Age	 		
			81	Name '			Į	
MASVIDAL, SERGIO J		82	82 Street Address (P.O. Box Number is Not Acceptable)					
6800	S.W. 80 AVENUE"							
MIAMI FL 33143		83				}		
				ļ <u>.</u>		- L		
			84	City	FL ⁸	5 Zip Co	ae	
						nging its re	nistered	
11. Pursuant t	to the provisions of Sections 607.05	02 and 607.1508, Florida Statutes,	the above orized by	e-named cor the corporal	rporation submits this statement for the purpose of cha tion's board of directors. I hereby accept the appointment	ent as regi	stered	
agent. Lar	m familiar with, and accept the obliga	ations of, Section 627.0505, Florida	Statutes	3,	م م ام ا ۱۱			
	7				418199			
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable. (NOTE: Re	gistered Ager	nt signature requi	red when reinstating) DATE			
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND D			
TITLE	D	☐ DELETE	1.1 TITLE		Ľ	Change	☐ Addition	
NAME	MASVIDAL, SERGIO J		1.2 NAME				l	
	6800 S.W. 80 AVENUE	1.3 STREET ADDRESS		TADDRESS				
STREET ADDRESS	,		1.4 CITY-ST-ZIP				1	
CITY-ST-ZIP	MIAMI FL 33143	☐ DELETE		51-ZIP	· · · · · · · · · · · · · · · · · · ·] Change	Addition	
TITLE		C DELETE	2.1 TITLE			,		
NAME	'		2.2 NAME				1	
STREET ADDRESS	, ,	1	2.3 STREET ADDRESS					
CITY-ST-ZIP		l	2.4 CITY-ST-ZIP					
TITLE		☐ DELETE	3.1 TITLE		·······························] Change	Addition	
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NAME				T ADDRESS			Ì	
STREET ADDRESS	٠,	,				•	ļ	
CITY-\$T-ZIP		C DELETE	3.4. CITY-5	51-ZIP] Change	Addition	
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NAME			4. 2 NAME				Ì	
STREET ADDRESS			4.3 STREE	TADDRESS				
CITY-ST-ZIP			4.4 CITY-5	ST-ZIP	<u> </u>			
TITLE		☐ DELETE	5.1 TITLE] Change	☐ Addition	
NAME			5.2 NAME					
] ··		5.3 STREE	T ADDRESS				
STREET ADDRESS			5.4 CITY-5	ţ			j	
CITY-ST-ZIP		□ nei ete	6.1 TITLE			Change	Addition	
TITLE		☐ DELETE	-					
NAME			6.2 NAME			;		
STREET ADDRESS	· ·		6.3 STREE	ET ADDRESS			į	
CITY-ST-ZIP			6.4 CITY-5	ST-ZIP				
O111-01-44	1							

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 an an attachment with an address, with all other like empowered.