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

FILED May 15, 1999 8:00 am Secretary of State

	1000			05-15-1999 90012	042 ***159	75
DOCUMENT # 315560 1. Corporation Name				03-13-1999 90012	042 138.	.13
		, , ,	_	_		
Kan	KO DEVELOPMENT	Corporation	i/			
Principal Pla	Ko DEVELOPMENT	Mailing Address				
	2 S.W. 107 A	WE # 25				
MIAMI, FL 33157				DO NOT WRITE IN THIS SPACE		
	,			Date Incorporated or Qualifed		
2. Principal	Place of Business	2a. Mailing Address		4. FEI Number	Арр	olied For
21		26		59-12051482	Not	Applicable
Suite, Apt	t. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 A	
22		27		C, Collinate of States Bosiles	Fee Rec	quired
City & Sta	ate	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 A Added to	•
Zip	Country	Zip	Country	This corporation owes the current year		71 663
4	25	29	30	Personal Property Tax.		□ No
	9. Name and Address of Current	t Registered Agent		10. Name and Address of New Register	ed Agent	
				UIS M. GONZAFEZ		
17842 S.W. 10713 ANE #21 82 Street Addres				ress (P.O. Box Number is Not Acceptable)		ļ
MIAMI, EC 33157						
, ,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		84 City		. 85 Zip Çe	ode
			MIA	<i>4m</i> /F	L ["] 予 矛	156
				poration submits this statement for the purpose tion's board of directors. I hereby accept the ap-		
agent. I a	am familiar with, and accept the obligati	/ / \/ ` \	rida Statutes.	<i>1</i>	7-99	
SIGNATURE	Signature, typed or printed name of registered agent	and title to applicable to the MOTE.	Registered Agent signature requir	/		
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTOR	RS IN 12
TITLE	PRESIDENT.	☐ DELETE	1.1 TITLE		☐ Change	Addition
NAME		6.	12 NAME			
STREET ADDRESS	2015 M. Gonza 9901 S.W. 7011 MIGHT, FC 331	re C	1.3 STREET ADDRESS	•		
CITY-ST-ZIP	MIAMI FC 331	78	1.4 CITY-ST-ZIP	interior .		
TITLE	Vice President	☐ DELETE	2.1 TITLE		Change	Addition
NAME	Die / mess		2.2 NAME			
STREET ADDRESS	Robert L. M (Esy 17842 S.W. 1037 minori, FL 33.	A NEW 2	2.3 STREET ADDRESS			
CITY-ST-ZIP	minni FL 331	· 5 7	2.4 CITY-ST-ZIP			
TITLE	SECRETARY	☐ DELETE	3.1 TITLE		Change	☐ Addition
NAME _		•	32 NAME			ļ
STREET ADDRESS	1415 M. Ginzalez		3.3 STREET ADDRESS		-	
CITY-ST-ZIP	MIGHT, FC 3315	6	3.4. CITY-ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE		☐ Change	☐ Addition
NAME			4 2 NAME			}
STREET ADDRESS	;		4.3 STREET ADDRESS			
CITY-ST-ZIP						
			4.4 CITY-ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE		Change	Addition
TITLE NAME		☐ DELETE	5.1 TITLE 5.2 NAME		Change	Addition
		☐ DELETE	5.1 TITLE		Change	Addition

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, with all other like empowered.

61TITLE

62 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ DELETE

SIGNATURE: SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

he lowerdent

4-27-99

☐ Addition

Daytime Phone #

CR2E034 (11/98)