FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT **CORPORATION** ANNUAL REPORT



SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR LUIS A. HERNANDEZ-PRESIDENT

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

1996

548144

	OK INVESTMENT CORP.	44 (5)				
Principal Place o	of Business	Mailing Address			FII DADI DADIA BIDAR DEBII D	
368 PALM AVE. HIALEAH FL 33010 HIALEAH FL 33010			0			
				3. Date Incorporated or Qualified	3a. Date of Last	•
. D	A Ph1.	- 1-2		10/03/1977	05/01/	
2. Principal Place	SW 39 AVE	2a. Mailing Address 26 530 SW	39 AVE	4. FEI Number 59-2253958	-	Applied For Not Applicable
Suite, Apt. #,		Suite, Apt. #, etc		Certificate of Status Desired	\$8.7	5 Additional
2		[27]	AN 11		Fee	Required
City & State MIAM	u fl	City & State 28 MIAMI	FL	Election Campaign Financing Trust Fund Contribution		00 May Be
Zip	Country	Ζιρ	Country	8. This corporation has liability for i		ed to Fees s 199.032.
331		29 33134	30 USA	Florida Statutes 🔀 Yes	□No	
	g. Name and Address of Curre	int Registered Agent	81 Name	10. Name and Address of New R	legistered Agent	
				LUIS A. HERNANDE2	Z	
	VICTOR HUGO		82 Street Addr	ress (P.O. Box Number is Not Acceptab 530 SW 39TH AVE	ole)	
MIAMI F	N 27TH AVE		63	JOU BW JOIN AVE		
MIMMI F	1 33133					
			84 City M	IIAMI	FL 85 2	Zip Code 33134
 Pursuant to or registerer 	the provisions of Sections 607.050 diagent, or both, in the State of Flor	12 and 607,1508, Florida Stal	lutes the above named corpor	ration submits this statement for the pur ind of directors. Thereby accept the appli	rpose of changing its	registered office
familiar with	n, and accept the obligations of, Sec	ation 607.0505, Florida Statu	tes.	ito o: pirectors. Thereby accept the appli	oinunent as registere	o agent. i ani
SIGNATURE	Due X	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	 ()	795	25-96	
Si 12.	ignature χρεο or printed name of registerest agile ΩFFICERS ΔΝ	e Candidicina prisase NO DIRECTORS	(NOTE: Prograteror Agent signature require 13.	ADDITIONS/CHANGES TO OFF		ODS IN 19
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LAME	HERNANDEZ, LUIS A.	/	12 NAME			_
FIREET ADDRESS	530 SW 39TH AVE		1.3 STREET ADDRESS			
CITY - ST - ZIP	<u>Miami FL</u>		14 CITY - ST- ZIP			
TITLE	STD					
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l	HERNANDEZ, LUIS A.	DECETE	2.2 NAME		☐ Change	. Add tion
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