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



|  | PROFIT PROFIT FLING FEE AFTER WAT 1 13 \$000.00 |  |  |   |       |                      |              |              | Apr 02 1997 8:00am   |              |                               |                           |                   |  |
|--|---|--|--|---|-------|----------------------|--------------|--------------|--|--------------|-------------------------------|---------------------------|-------------------|--|
| COF  | RPORATION JAL REPORT 1997                       |  | FLORIDA DEPARTMENT OF STATE  Sandra B. Mortham  Secretary of State  DIVISION OF CORPORATIONS |   |       |                      |              | Secretary    |  |              |                               |                           |                   |  |
| <ol> <li>Corporation</li> </ol>              | MENT # <b>F29</b> 0<br>K INTERNATIONAL, II      |  | (8)  | *************************************** |       |                      |              |              | e de la compansa de l |              |                               |                           |                   |  |
|  |   |  |  |   |       |                      |              |              |  |              |                               |                           |                   |  |
| Principal Plac<br>5844 DAWSON<br>HOLLYWOOD F | ST.   | 5844 D   | Mailing Address<br>5844 DAWSON ST.<br>HOLLYWOOD FL 33023-1910                                |   |       |                      |              |              |  |              |                               | -                         |                   |  |
|  |   |  |  |   |       |                      |              | 0            | Date Incorporated or Qualified 5/05/1981   |              | e of Last Re<br><b>8/1996</b> | ,                         |                   |  |
| 2. Principal P                               | lace of Business                                | 2a. Ma<br>26   | iling Address  |   |       |                      |              |              | El Number<br><b>59-2102240</b>   |              | K-7                           | plied For<br>t Applicable | }                 |  |
| Sude, Apr                                    | #, oto  | and the second second second second second second second   | ite, Apt. #, etc.  | ~.                                      |       |                      | 1            | <b>5</b> . ( | Certificate of Status Desired  |              | \$8.75 A                      |                           |                   |  |
| City & Stat                                  | e   | Cit  | y & State  |   |       |                      | 1            |              | lection Campaign Financing   |              | \$5.00                        | May Be                    | 1                 |  |
| 23 Zip                                       | Country   | 28 Zip   | )  | Cou                                     | ntry  | ·····                | 1            |              | rust Fund Contribution his corporation has liability for i   | ntangible t  |                               |                           | 1                 |  |
| 24   | 25<br>9. Name and Address of                    | 29<br>Current Registere  | d Agent  | [30]                                    |       |                      |              |              | lorida Statutes L Name and Address of New Re   |              | No.gent                       |                           | $\left\{ \right.$ |  |
|  | D, FRANK  |  |  |   | 81    | Name                 | 7-           |              | <del></del>  | <del></del>  | <del></del>                   |                           | 1                 |  |
|  | B FUNSTON ST<br>LYWOOD FL                       |  |  | Ì                                       | 82    | Street Add           | resort       | s (P.0       | D. Box Number is Not Acceptab  | le)          |                               |                           | 1                 |  |
|  |   |  |  |   | 83    | ·                    | 7-           |              | <u> </u>   |              |                               |                           | 1                 |  |
|  |   |  |  |   | B4    | City                 | 7-           |              | <del></del>  | FL           | 85 Zip 0                      | Code                      | 1                 |  |
| 11. Pursuant                                 | to the provisions of Sections                   | 607.0502 and 607.1   | 508, Florida Statut  | les, the at                             | oove  | -named cor           | rpora        | ation        | submits this statement for the pard of directors. I hereby accept  | urpose of    | changing its                  | s registered              | 1                 |  |
| agent La                                     | in familiar with and accept                     | the obligations of, Se   | ection 607.0505, FI  | orida Stat                              | utes  |                      |              | 10 00        | did of circolors. Thereby becope   | t in appe    |                               | rogiotorou                |                   |  |
| SIGNATURE                                    | Some we typed or punted have of te              |  |  |   | Ager  | nt signature requ    | y be lu      |              |  | DATE         |                               |                           | پر[               |  |
| .12.   | OFFIC<br>I <b>PD</b>                            | ERS AND DIRECTO  | RS DELETE  | 13.                                     | ILE   |                      | <del> </del> | Al           | ODITIONS/CHANGES TO OFFIC  |              | DIRECTOR:  Change             | S IN 12<br>Addition       | 96/6              |  |
| NAME   | MAIO, FRANK                                     |  |  | 1.2 NA                                  | ME    |                      |              |              |  |              |                               |                           | 8                 |  |
| STREET ADDRESS                               | 5733 FUNSTON ST<br>HOLLYWOOD FL                 |  |  | •                                       |       | ADDRESS              |              |              |  |              |                               |                           | OT C              |  |
| TITLE  | STD   |  | DELETE   | 1.4 CT<br>2.1 TT                        |       | 1-ZIP                | 1-           |              |  | ············ | Change                        | Addition                  | \ <u>c</u>        |  |
| NAME   | Caparelli, ernest<br>3821 NW 92ND AVE           |  |  | 22 N                                    |       |                      |              |              |  |              |                               |                           | ŀ                 |  |
| STREET ADDRESS<br>-Dily St. 201              | HOLLYWOOD FL                                    |  |  | 23ST<br>2.4C                            |       | ADDRESS  <br>1 - 7/P |              |              |  |              |                               |                           |                   |  |
| THE  | TARONIONO DANDE                                 | and the second of the second of the second   | DELETE   | 3.1 TI                                  | LE.   |                      |              |              |  |              | Change                        | Addition                  | 1                 |  |
| NAME<br>STREET ADDRESS                       | TARDUGNO, DANTE<br>1902 N 23 AVE                |  |  | 32 N <sup>a</sup><br>33 ST              |       | ADDRESS              |              |              |  |              |                               |                           |                   |  |
| City - St - 7th                              | HOLLYWOOD FL                                    |  |  | 3.4. C                                  |       | 1 1                  |              |              |  |              |                               |                           |                   |  |
| 111111                                       |   |  | ☐ DELETE   | 4.1 TI                                  |       |                      |              |              |  |              | Change                        | [] Addition               |                   |  |
| NAME<br>STREET ADDRESS                       |   |  |  | 4.2 N<br>4.3 ST                         |       | ADDRESS              |              |              |  |              |                               |                           |                   |  |
| .C-1Y-S1-7IF                                 |   |  |  | 4.4 CI                                  |       | -ZIP                 |              |              |  |              |                               | T 1 4 4 5 5 5 5           | 4                 |  |
| - DATE<br>NAME                               |   |  | DELETE   | 5.1 TI                                  |       | 11                   |              |              |  |              | Change                        | Addition                  | 1                 |  |
| STREET ADDRESS                               |   |  |  |   |       | ADDRESS              |              |              |  |              |                               |                           | -                 |  |
| t-TY-S1-ZiP                                  |   | The state of the s | Driett   | 5.4 C)                                  |       | F-ZIP                |              |              | <del></del>  |              | Chanas                        | Addition                  | 1                 |  |
| TITLE<br>NAME                                |   |  | ☐ DELETE   | 6.1 T(                                  |       | - 11                 |              |              |  |              | ☐ Change                      | L Addition                |                   |  |
| STREET ADDRESS                               |   |  |  | 1                                       |       | ADDRESS              |              |              |  |              |                               |                           |                   |  |
| Cally St. ZiP                                | has english that the beleasester                | cumplied with this f   | ling dose sat aval   | 6.4 CI                                  |       |                      | ad in        | 0 500        | tion 119 07(9)(i) Florida Statute  | s I further  | certify that                  | the                       | -                 |  |
| Part Coversion                               | to and colored on this control of               | sound or numbers onto  | al applied const in  | my on and a                             | 2.101 | rate and the         | nt m         | IL FIG       | tion 119.07(3)(i), Florida Statute   | Loffeet ac   | if made up                    | der nath: the             | +1                |  |

information indicated on this annual report or s. I am an officer or director of the corporation or appears in Block 12 or Block 13 if changed, or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

**FILED** 

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