

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
Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90109 025 ***150.00

DOCUMENT # F94000004957

1. Corporation Name

KAT IMPORT BROKERS, INC.

Principal Place of Business

**10913 NW 30TH ST
MIAMI FL 33172
US**

Mailing Address

**145TH AVE. AT HOOK CREEK BLVD.
VALLEY STREAM NY 11581**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/23/1994

4. FEI Number

11-2695373

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 10813 NW 50th St

Suite, Apt. #, etc.

22 Suite 100

City & State

23 miami FL

Zip

24 33172

Country

25 USA

2a. Mailing Address

26 145th Ave at Hook Creek Blvd

Suite, Apt. #, etc.

27

City & State

28 Valley Stream NY

Zip

29 11581

Country

30 USA

9. Name and Address of Current Registered Agent

**BEATTIE, ROSEMARY
8840 NW 18TH TERRACE
MIAMI FL 33166**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **PD KRETSCHMER, KLAUS**
STREET ADDRESS **145TH AVE. AT HOOK CREEK BLVD.**
CITY-STATE-ZIP **VALLEY STREAM NY 11581**

TITLE ☐ DELETE

NAME **V BARNAO, JOSEPH**
STREET ADDRESS **145TH AVE. AT HOOK CREEK BLVD.**
CITY-STATE-ZIP **VALLEY STREAM NY**

TITLE ☐ DELETE

NAME **T RIORDON, DENNIS**
STREET ADDRESS **145TH AVE. AT HOOK CREEK BLVD.**
CITY-STATE-ZIP **VALLEY STREAM NY 11581**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

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.

SIGNATURE:

Sandra Lombardino
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sandra Lombardino

Date

4/21/99

Daytime Phone #

312-825-4032

CR2E034 (1/98)