PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F98000005160

IKV (US) CORPORATION

Principal Place of	of Business
55 WESTON RD.	

22

23

24

Mailing Address

55 WESTON RD. SUITE 402 FT LAUDERDALE FL 33326

FILED Jan 22, 1999 8:00am **Secretary of State**

01-22-1999 90043 025 ***158.75



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 09/15/1998 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address 22-3599843 Not Applicable 26 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required City & State \$5.00 May Be 6. Election Campaign Financing City & State Added to Fees Trust Fund Contribution 8. This corporation owes the current year Intangible Country Country Zip ☐ Yes □No Personal Property Tax. 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 MELEIS, HANAFY DR 82 Street Address (P.O. Box Number is Not Acceptable) 3845 WINDMILL LAKE RD WESTON FL 33332 83 85 Zip Code City 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.

agont. I ai	It fattands strail and appears the send-						
SIGNATURE	Signature, typed or printed name of registered agent an	title if applicable. (NOTE: Re	egistered Agent signature requ	ired when reinstating)	DATE		
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES 1	O OFFICERS AN	D DIRECTOR	
TITLE	CPT	☐ DELETE	1.1 TITLE	2.79		Change	Addition
NAME	MELEIS, HANAFY		1.2 NAME				
STREET ADDRESS	3845 WINDMILL LAKE RD		1.3 STREET ADORESS				
CITY-ST-ZIP	WESTON FL 33332		1.4 CITY-ST-ZIP				
TITLE	VCV	☐ DELETE	2.1 TITLE			☐ Change	Addition
NAME	RICHARDS, DONALD A		2.2 NAME				ļ
STREET ADDRESS	7 CENTURY DR, SUITE 201		2.3 STREET ADDRESS				
CITY-ST-ZIP	PARSIPPANY NJ 07054		2.4 CITY-ST-ZIP				
TITLE	****	☐ DELETE	3.1 TITLE			☐ Change	Addition
NAME	1950 og fred i jorden skrivet i skrivet Oktober 1960 i skrivet i skriv		3.2 NAME				
STREET ADDRESS	Carrier Marines (1997) Anthon Marines (1997) Anthon (1997)		3.3 STREET ADDRESS	•	1.3		
CITY-ST-ZIP	f () 1 () () ()		3.4. CITY+ST-ZIP	`	<u></u>	1 1	
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
NAME			5.2 NAME	٠.			
STREET ADDRESS	N385		5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
TITLE	Seek 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	☐ DELETE	6.1 TITLE			☐ Change	☐ Addition
NAME "			6.2 NAME			•	
STREET ADDRESS			6.3 STREET ADDRESS				
	75						

CITY-ST-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: