SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750.)

PROFIT CORPORATION ANNUAL REPORT
1997

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

FILED
98 MAY 13 PM 2:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **H90929** (1)

1. Corporation Name
STONNE KYOTIE CORPORATION

REINSTATEMENT 97-98

Principal Place of Business	Mailing Address
8415 S.W. 107TH AVE #136W MIAMI FL 33173	8415 S.W. 107TH AVE #136W MIAMI FL 33173

3. Date Incorporated or Qualified: 12/19/1985
3a. Date of Last Report: 05/01/1996
4. FEI Number: 59-2621853 ☐ 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 or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent
BAKER, DAVID RALPH
8415 S.W. 107TH AVE.
APT. ~~136W~~ K5-W
MIAMI FL 33173

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 Lillian B Baker Treasurer 4/28/98
Signature, typed or printed name of officer listed below or director if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	BAKER, DAVID RALPH		1.2 NAME	
STREET ADDRESS	8415 SW 107 AVE #136W		1.3 STREET ADDRESS	300002528533--6
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP	-05/19/98--01029--003 ****150.00 ****150.00
TITLE	DST	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	BAKER, LILLIAN B.		2.2 NAME	
STREET ADDRESS	8415 SW 107 AVE #136W		2.3 STREET ADDRESS	300002528533--6
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP	-05/19/98--01029--004 ****750.00 ****750.00
TITLE	D	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	PRIEST, NANCY B.		3.2 NAME	
STREET ADDRESS	9010 SW 186 TERRACE		3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL		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
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (4/97)

14. I do 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.

SIGNATURE REQUIRED Lillian B Baker 4/28/98 305-596-4926