04-20-1999 90277 044 ***150.00

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # KOZOGO

 Corporation 	CORPORATION								
Principal Place of Business Mailing Address						-	I MINIT NEMET	0 to to 0 to 10 to 10 to	Bit grant (68)
% JOAN B. TUMPSON % JOAN B. TUMPSON									
9640 SW 152 AVENUE #29 9640 SW 152 AVENUE #29 MIAMI FL 33196 MIAMI FL 33196									
						DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualifed 12/18/1987			
2. Principal Place of Business 2a. Mailing Address						4. FEI Number		 	lied For
21		26			65-0021363			Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	-,			5. Certifcate of Status Desired	;	8.75 A Fee Red	
22	*	27							<u>-</u>
City & Stat	e ·	City & State				6. Election Campaign Financing		\$5.00	
23		28				Trust Fund Contribution		Added to	Fees
i Zip	Country	Zip.	_Coun	itry		8. This corporation owes the current years			□No
24	25	29 30	<u>'l</u>			Personal Property Tax. 10. Name and Address of New Regis			
	9. Name and Address of Curren	t Registered Agent		81	Name	10. Hame and readiess of New Rogis			
VIDA	URRE, RAUL					· · · · · · · · · · · · · · · · · · ·			
9640 SW 152 AVE #29				82	Street Addre	ss (P.O. Box Number is Not Acceptable)	•		
MIAMI FL 33196			· }	83					
				93					
				84	City		FL	35 Zip C	ode
office or r	egistered agent, or both, in the State m familiar with, and accept the obliga Signature, typed or printed name of registered ager	of Florida. Such change was auth- tions of, Section 607.0505, Florida	orized Statut	by in tes.	ie corporation	ration submits this statement for the purp n's board of directors. I hereby accept the	appointm	ent as reg	
12.		D DIRECTORS	13.	-gome		ADDITIONS/CHANGES TO OFFICE	RS AND I	DIRECTO	RS IN 12
TITLE	D	DELETE	1.1 TITL	E] Change	Addition
NAME	VIDAURRE, RAUL	_	1.2 NAN		Ì				
STREET ADDRESS	9640 SW 152 AVE #29		1.3 STR	REETAI	DDRESS				
CITY-ST-ZIP	MIAMI FL		1.4 CIT						
TITLE	VP		2.1 TITL					Change	Addition
NAME	VIDAURRE, MARCELLA	_	2.2 NAN	ME					ľ
STREET ADDRESS	9640 SW 152 AVE #29				DORESS				
CITY-ST-ZIP	MIAMI FL		2. 4 CIT	Y-ST-	7IP				į
TITLE	T	☐ DELETE	3.1 TITL] Change	Addition
NAME	VERA, DORA		3.2 NAA	we -		يمين ۾ ان سي يا		F	
STREET ADDRESS	9640 SW 152 AVE #29		· · · · · ·		DDRESS				ļ
	MIAMI FL			Y-\$T-					
TITLE		☐ DELETE	4.1 TITL		-+		[] Change	☐ Addition
NAME			4. 2 NA						1
STREET ADDRESS	•				DORESS				
CITY-ST-ZIP			4.4 CIT		i				
TITLE		☐ DELETE	5.1 TITL		-+		. [Change	☐ Addition
NAME			5.2 NAN	ME		•			
STREET ADDRESS			5.3 STR	REET A	DDRESS				
CITY-ST-ZIP	- у		5.4 CIT	Y-ST-2	ZIP				\
TRLE		☐ DELETE	61 TITL	LE				Change	☐ Addition

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 of 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 an an attachment with an address, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP