FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPCRATION ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

	1996			TEE,		Secretary of S IN OF CORPO		ONS					
DOCU 1. Corporatio	MENT #	‡	< 095	17	(9)							
HOT	CH-KISS CO	OMPAN	ΙΥ										
Principal Place	e of Business		_	М	lailing Address							BIBII BIBII	B1811 81811 81811 181
929 ME 27 AVENUE 222 OCEAN DR VE HALLANDALE FL 33009 US					929 NE 27 AVENUE 222 OCEAN DRIVE HALLANDALE FL 33009								
					U\$				 Date Incorporated or Quality 12/29/1987 	ualified	3a. Dat	e of Last 04/28/	•
2. Principal Pl	lace of Business	•		2a. 26	Mailing Address				4. FEI Number		<u></u>	04/20/	Applied For
Suite, Apt.	#, etc.			26	Suite, Apt. #, et	C.			65-0022740			<u> </u>	Not Applicable
City & State				27					5. Certificate of Status Des	sired			5 Additional Required
Zip	e	Country		28	City & State Zip				6. Election Campaign Final Trust Fund Contribution			Add	00 May Be ed to Fees
<u> L</u>	25 9. Name and] (s of Currer	29 nt Regis	,	30	ountry	····	1.	Yeş	□ No		s 199.032,
							81	Name	10. Name and Address of	New R	egistered	Agent	
	HKISS, DANA						82	Street Addre	ess (P.O. Box Number is Not Ad	ccentabl	(e)		
	IE 27 AVENUE ANDALE FL 33	-					83						
IIALLA	MUNICL I L 33	,50 0											
							84	City				85 Z	ip Code
 							1 1	•			FL		
Pursuant to or registere familiar with	to the provisions red agent, or both th, and accept th	of Sectio h, in the S re obligati	ns 607.0502 state of Floric ons of, Secti	and 607 da. Such ion 607.0	7.1508, Florida St change was auth 0505, Florida Stat	atutes, the ab porized by the utes.	ove-na corpor	•	ation submits this statement for d of directors. I hereby accept t	the purp he appo	FL cose of cha intment as		registered office d agent. I am
GNATURE								med corpora ation's board	ation submits this statement for d of directors. I hereby accept t	the purp he appo	oose of cha intment as		registered office d agent. I am
GNATURE _	Signature, typed or prin	nted name of		and title if ap	pplicable.		d Agents	med corpora ation's board	when reinstating)	· ···· —	DOSE of cha intment as	anging its registered	
GNATURE	Signature, typed or prin	nted name of OF	registered agen: FICERS ANI	and title if ap	pplicable.	(NOTE: Registere	d Agent s	med corpora ation's board		· ···· —	DATE DERS AND	anging its registered	
GNATURE - S	Signature, typed or prin	OF	registered agent FICERS AND	and title if ap	pplicable. TORS	NOTE: Registere 13. 11. 1.2 h	d Agent s TITLE IAME	med corpora ation's board	when reinstating)	· ···· —	DATE DERS AND	Inging its registered	ORS IN 12
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