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 Mar 29, 1999 8:00 am Secretary of State

03-29-1999 90002 046 ***150.00

DOCUMENT # K09799

1. Corporation Name

KAMIRA	GROUP INC.								
Principal Place	e of Business	Mailing Address				4 10850714 055 00550 10115 19610 1851		RET BIDIS RING	DIGIT BEDEFT FEDE
'	1	8362 PINES BLVD			ĺ				
8362 PINES BLVD B362 PINES BLVD STE 117 STE 117									
PEMBROKE PINES FL 33024 PEMBROKES PINES			L 33024			DO NOT WRIT	E IN THIS	SPACE	
US . US					ſ	3. Date incorporated or Qualifed			
	•	•				12/28/1987			
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number		A	pplied For
21		26				65-0038950			lot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired			Additional
22	`	27				-			tequired
City & State		City & State				6. Election Campaign Financing		•	May Be
23		28				Trust Fund Contribution			to Fees
Zip	Country	Zip	Count	ıгу		8. This corporation owes the curre	ent year Inta		
24	25]		30			Personal Property Tax.		Yes	□No
	9. Name and Address of Curren	t Registered Agent		1 Name		10. Name and Address of New R	egistereo /	Agent	
CHE	vas, antonio		(*	Name					
	PINES BLVD		8	Street	Addres	s (P.O. Box Number is Not Acceptal	ble)		
#117			Ļ	<u>_</u>					
	BROKE PINES FL 33024	•		33					}
F CIA1	BROKE FIRES I'E 33024		ε	14 City				85 Zip	Code
				1			<u> </u>		
11. Pursuant	to the provisions of Sections 607.0502	2 and 607.1508, Florida Statute of Florida, Such change was au	s, the about	ve-named	corpora	ation submits this statement for the p s board of directors. I bereby accept	ourpose of a	tment as r	eaistered
11. Pursuant office or reagent. I a	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligat	2 and 607.1508, Florida Statute of Florida. Such change was autions of, Section 607.0505, Flori	s, the abo thorized t ida Statut	ove-named by the corp es.	corpora oration'	ation submits this statement for the p s board of directors. I hereby accept	t the appoin	itment as r	egistered
agent. I a	to the provisions of Sections 607.050; egistered agent, or both, in the State or mailiar with, and accept the obligations.	2 and 607.1508, Florida Statute of Florida. Such change was au tions of, Section 607.0505, Flori	s, the abo thorized t ida Statut	ove-named by the corp es.	corporation'	ation submits this statement for the p s board of directors. I hereby accept	_	itment as r	egistered
agent. I a	m familiar with, and accept the obligat	nt and title if applicable. (NOTE:	Registered A	es. 		hen reinstating)	DATE		
agent. I a SIGNATURE	m familiar with, and accept the obligat Signature, typed or printed name of registered agen OFFICERS AN	nt and title if applicable. (NOTE: ID DIRECTORS	Registered A	es. gent signature			DATE	D DIRECT	ORS IN 12
agent. I a	m familiar with, and accept the obligat Signature, typed or printed name of registered agen OFFICERS AN	nt and title if applicable. (NOTE:	Registered A	es. gent signature		hen reinstating)	DATE		ORS IN 12
agent. I a SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered agen OFFICERS AN PD CUEVAS, ANTONIO	nt and title if applicable. (NOTE: ID DIRECTORS	Registered A 13. 1.1 TITLI 1.2 NAM	gent signature	required w	hen reinstating)	DATE	D DIRECT	ORS IN 12
agent. I a SIGNATURE 12.	Signature, typed or printed name of registered agen OFFICERS AN PD CUEVAS, ANTONIO 8362 PINES BLVD #117	nt and title if applicable. (NOTE: ID DIRECTORS	Registered A 13. 1.1 TITLI 1.2 NAM 1.3 STRI	gent signature	required w	hen reinstating)	DATE	D DIRECT	ORS IN 12
agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered agen OFFICERS AN PD CUEVAS, ANTONIO	nt and title if applicable. (NOTE: D DIRECTORS	Registered A 13. 1.1 TITLI 1.2 NAM 1.3 STRI 1.4 CITY	es. gent signature E E ET ADDRESS -ST-ZIP	required w	hen reinstating)	DATE	D DIRECT	ORS IN 12
agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered agen OFFICERS AN PD CUEVAS, ANTONIO 8362 PINES BLVD #117	nt and title if applicable. (NOTE: ID DIRECTORS	13. 1.1 TITL 1.2 NAM 1.3 STRI 1.4 CITY 2.1 TITLI	es. gent signature E E ET ADDRESS -ST-ZIP	required w	hen reinstating)	DATE	D DIRECT	ORS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered agen OFFICERS AN PD CUEVAS, ANTONIO 8362 PINES BLVD #117	nt and title if applicable. (NOTE: D DIRECTORS	13. 1.1 TITL 1.2 NAM 1.3 STRI 1.4 CITY 2.1 TITL 2.2 NAM	es. E E E ET ADDRESS -ST-ZIP E	required w	hen reinstating)	DATE	D DIRECT	ORS IN 12
agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered agen OFFICERS AN PD CUEVAS, ANTONIO 8362 PINES BLVD #117	nt and title if applicable. (NOTE: D DIRECTORS	13. 1.1 TITL 1.2 NAM 1.3 STRI 1.4 CITY 2.1 TITL 2.2 NAM	es. gent signature E E ET ADDRESS -ST-ZIP	required w	hen reinstating)	DATE	D DIRECT	ORS IN 12
agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered agen OFFICERS AN PD CUEVAS, ANTONIO 8362 PINES BLVD #117	nt and title if applicable. (NOTE: ID DIRECTORS DELETE	Registered Ai 13. 1.1 TITLI 12 NAM 1.3 STRI 1.4 CITY 2.1 TITLI 22 NAM 23 STRI 2.4 CITY	es. pent signature E E ET ADDRESS - ST-ZIP E E E E E F - ST-ZIP - ST-ZIP	required w	hen reinstating)	DATE	D DIRECT Change	ORS IN 12 Addition
AGENTURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered agen OFFICERS AN PD CUEVAS, ANTONIO 8362 PINES BLVD #117	nt and title if applicable. (NOTE: D DIRECTORS	Registered A 13. 1.1 TITL 12 NAM 1.3 STRI 1.4 CITY 2.1 TITL 2.2 NAM 2.3 STRI 2.4 CITY 3.1 TITL 3.1 TI	pent signature E E EET ADDRESS -ST-ZIP E E EET ADDRESS (-ST-ZIP	required w	hen reinstating)	DATE	D DIRECT	ORS IN 12
agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered agen OFFICERS AN PD CUEVAS, ANTONIO 8362 PINES BLVD #117	nt and title if applicable. (NOTE: ID DIRECTORS DELETE	Registered Ai 13. 1.1 TITLI 12 NAM 1.3 STRI 1.4 CITY 2.1 TITLI 22 NAM 23 STRI 2.4 CITY	pent signature E E EET ADDRESS -ST-ZIP E E EET ADDRESS (-ST-ZIP	required w	hen reinstating)	DATE	D DIRECT Change	ORS IN 12 Addition
agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TITLE TITLE TITLE TITLE TITLE TITLE	Signature, typed or printed name of registered agen OFFICERS AN PD CUEVAS, ANTONIO 8362 PINES BLVD #117	nt and title if applicable. (NOTE: ID DIRECTORS DELETE	Registered Ai 13. 1.1 TTLI 1.2 NAM 1.3 STRI 1.4 CITY 2.1 TTLI 2.2 NAM 2.3 STRI 2.4 CITY 3.1 TTLI 3.2 NAM	pent signature E E EET ADDRESS -ST-ZIP E E EET ADDRESS (-ST-ZIP	required w	hen reinstating)	DATE	D DIRECT Change	ORS IN 12 Addition
AGENTURE 12. TITLE NAME STREET ADDRESS CITY- ST- ZIP TITLE NAME STREET ADDRESS CITY- ST- ZIP TITLE NAME NAME NAME NAME	Signature, typed or printed name of registered agen OFFICERS AN PD CUEVAS, ANTONIO 8362 PINES BLVD #117	Itions of, Section 607.0505, Flori	Registered A 13. 1.1 TITLI 1.2 NAM 1.3 STRI 1.4 CITY 2.1 TITLI 2.2 NAM 2.3 STRI 2. 4 CITI 3.1 TITLI 3.2 NAM 3.3 STRI 3.4 CITI 3.4 CITI 3.4 CITI 3.4 CITI 3.5 STRI 3.4 CITI 3.5 STRI 3.4 CITI 3.7 STRI 3.4 CITI 3.7 STRI 3.4 CITI 3.7 STRI 3.4 CITI 3.4 CITI 3.4 CITI 3.4 CITI 3.4 CITI 3.4 CITI	es. pent signature E E EET ADDRESS -ST-ZIP E E ET ADDRESS (-ST-ZIP E E E E C-ST-ZIP	required w	hen reinstating)	DATE	D DIRECT Change	ORS IN 12 Addition Addition
AGENTURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered agen OFFICERS AN PD CUEVAS, ANTONIO 8362 PINES BLVD #117	nt and title if applicable. (NOTE: ID DIRECTORS DELETE	Registered Ai 13. 1.1 TTLI 1.2 NAM 1.3 STRI 1.4 CITY 2.1 TITLI 2.2 NAM 2.3 STRI 2.4 CITY 3.1 TITLI 3.2 NAM 3.3 STRI	es. pent signature E E EET ADDRESS -ST-ZIP E E ET ADDRESS (-ST-ZIP E E E E C-ST-ZIP	required w	hen reinstating)	DATE	D DIRECT Change	ORS IN 12 Addition Addition
AGENTURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered agen OFFICERS AN PD CUEVAS, ANTONIO 8362 PINES BLVD #117	Itions of, Section 607.0505, Flori	Registered A 13. 1.1 TITLI 1.2 NAM 1.3 STRI 1.4 CITY 2.1 TITLI 2.2 NAM 2.3 STRI 2. 4 CITI 3.1 TITLI 3.2 NAM 3.3 STRI 3.4 CITI 3.4 CITI 3.4 CITI 3.4 CITI 3.5 STRI 3.4 CITI 3.5 STRI 3.4 CITI 3.7 STRI 3.4 CITI 3.7 STRI 3.4 CITI 3.7 STRI 3.4 CITI 3.4 CITI 3.4 CITI 3.4 CITI 3.4 CITI 3.4 CITI	gent signature E E E E E E E E E E E E E E E E E E	required w	hen reinstating)	DATE	D DIRECT Change	ORS IN 12 Addition Addition
AGENTURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered agen OFFICERS AN PD CUEVAS, ANTONIO 8362 PINES BLVD #117	Itions of, Section 607.0505, Flori	13. 1.1 TITLI 1.2 NAM 1.3 STRI 1.4 CITY 2.1 TITLI 2.2 NAM 2.3 STRI 3.2 NAM 3.3 STRI 3.4 CIT 4.1 TITLI 4.2 NAM	gent signature E E E E E E E E E E E E E E E E E E	required w	hen reinstating)	DATE	D DIRECT Change	ORS IN 12 Addition Addition
AGENTURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered agen OFFICERS AN PD CUEVAS, ANTONIO 8362 PINES BLVD #117	Trand title if applicable. (NOTE: ID DIRECTORS DELETE DELETE	Registered Ai 13. 1.1 TITLI 1.2 NAM 1.3 STRI 1.4 CITY 2.1 TITLI 2.2 NAM 2.3 STRI 3.2 NAM 3.3 STRI 3.4 CITY 4.1 TITLI 4.2 NAA 4.3 STRI 4.4 CITY 4.4	gent signature E E E E E E E E E E E E E	required w	hen reinstating)	DATE	D DIRECT Change	ORS IN 12 Addition Addition
AGENTURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered agen OFFICERS AN PD CUEVAS, ANTONIO 8362 PINES BLVD #117	Itions of, Section 607.0505, Flori	13. 1.1 TITLI 1.2 NAM 1.3 STRI 1.4 CITY 2.1 TITLI 2.2 NAM 2.3 STRI 3.2 NAM 3.3 STRI 3.4 CITY 4.1 TITLI 4.2 NAA 4.3 STRI 4.4 CITY 5.1 TITLI 5.1 TIT	gent signature E E E E E E E E E E E E E	required w	hen reinstating)	DATE	D DIRECT Change	ORS IN 12 Addition Addition
AGENTURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered agen OFFICERS AN PD CUEVAS, ANTONIO 8362 PINES BLVD #117	Trand title if applicable. (NOTE: ID DIRECTORS DELETE DELETE	13. 1.1 TITLI 1.2 NAM 1.3 STRI 1.4 CITY 2.1 TITLI 2.2 NAM 2.3 STRI 2.4 CITY 3.1 TITLI 3.2 NAM 3.3 STRI 4.2 NAM 4.3 STRI 4.4 CITY 4.1 TITLI 4.2 NAM 4.3 STRI 4.4 CITY 5.1 TITLI 5.2 NAM	gent signature E E E E E E E E E E E E E	required w	hen reinstating)	DATE	D DIRECT Change	ORS IN 12 Addition Addition
AGENTURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered agen OFFICERS AN PD CUEVAS, ANTONIO 8362 PINES BLVD #117	Trand title if applicable. (NOTE: ID DIRECTORS DELETE DELETE	13. 1.1 TITLI 1.2 NAM 1.3 STRI 1.4 CITY 2.1 TITLI 2.2 NAM 2.3 STRI 2.4 CITY 3.7 TITLI 3.2 NAM 3.3 STRI 4.1 TITLI 4.2 NAM 4.3 STRI 4.4 CITY 5.1 TITLI 5.2 NAM 5.3 STRI	gent signature E E E EET ADDRESS -ST-ZIP E E E E E E E E E E E E E	required w	hen reinstating)	DATE	D DIRECT Change	ORS IN 12 Addition Addition
AGENTURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	Signature, typed or printed name of registered agen OFFICERS AN PD CUEVAS, ANTONIO 8362 PINES BLVD #117	Tions of, Section 607.0505, Floring and title if applicable. (NOTE: ID DIRECTORS DELETE DELETE DELETE DELETE DELETE	13. 1.1 TITLI 1.2 NAM 1.3 STRI 1.4 CITY 2.1 TITLI 2.2 NAM 2.3 STRI 2.4 CITY 3.7 TITLI 3.2 NAM 3.3 STRI 4.4 CITY 4.2 NAM 4.3 STRI 4.4 CITY 5.1 TITLI 5.2 NAM 5.3 STRI 5.4 CITY 5.1 TITLI 5.2 NAM 5.3 STRI 5.4 CITY 5.4 CITY 5.5 NAM 5.5 STRI 5.4 CITY 5.4 CITY 5.4 CITY 5.5 CITY 5.5 CITY 5.6 CITY 5.7 TITLI 5.7 NAM 5.8 STRI 5.8 CITY 5.9 CITY 5	gent signature E E E E E E E E E E E E E	required w	hen reinstating)	DATE	D DIRECT Change	ORS IN 12 Addition Addition Addition Addition
AGENTURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered agen OFFICERS AN PD CUEVAS, ANTONIO 8362 PINES BLVD #117	Trand title if applicable. (NOTE: ID DIRECTORS DELETE DELETE	13. 1.1 TITLI 1.2 NAM 1.3 STRI 1.4 CITY 2.1 TITLI 2.2 NAM 2.3 STRI 2.4 CITY 3.1 TITLI 3.2 NAM 3.3 STRI 4.1 TITLI 4.2 NAM 4.3 STRI 4.4 CITY 5.1 TITLI 5.2 NAM 5.3 STRI 5.4 CITY 6.1 TITLI 6	gent signature E E E EET ADDRESS -ST-ZIP E E E E E E E E E E E E E	required w	hen reinstating)	DATE	D DIRECT Change	ORS IN 12 Addition Addition Addition Addition
AGENT. I A SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered agen OFFICERS AN PD CUEVAS, ANTONIO 8362 PINES BLVD #117	Tions of, Section 607.0505, Floring and title if applicable. (NOTE: ID DIRECTORS DELETE DELETE DELETE DELETE DELETE	13. 1.1 TITLI 1.2 NAM 1.3 STRI 1.4 CITY 2.1 TITLI 2.2 NAM 2.3 STRI 2.4 CITY 3.1 TITLI 3.2 NAM 3.3 STRI 3.4 CITY 4.1 TITLI 4.2 NAM 4.3 STRI 4.4 CITY 5.1 TITLI 5.2 NAM 5.3 STRI 5.4 CITY 6.1 TITLI 6.2 NAM	gent signature E E E EET ADDRESS -ST-ZIP E E EET ADDRESS -ST-ZIP E EET ADDRESS -ST-ZIP E EET ADDRESS -ST-ZIP E E EET ADDRESS -ST-ZIP E E E E E E E E E E E E E	required w	hen reinstating)	DATE	D DIRECT Change	ORS IN 12 Addition Addition Addition Addition
AGENTURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registared agen OFFICERS AN PD CUEVAS, ANTONIO 8362 PINES BLVD #117 PEMBROKE PINES FL	Tions of, Section 607.0505, Floring and title if applicable. (NOTE: ID DIRECTORS DELETE DELETE DELETE DELETE DELETE	13. 1.1 TITLI 1.2 NAM 1.3 STRI 1.4 CITY 2.1 TITLI 2.2 NAM 2.3 STRI 2.4 CITY 3.1 TITLI 3.2 NAM 3.3 STRI 3.4 CITY 4.1 TITLI 4.2 NAM 4.3 STRI 4.4 CITY 5.1 TITLI 5.2 NAM 5.3 STRI 5.4 CITY 6.1 TITLI 6.2 NAM	gent signature E E E EET ADDRESS -ST-ZIP E E E E E E E E E E E E E	required w	hen reinstating)	DATE	D DIRECT Change	ORS IN 12 Addition Addition Addition 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 frue 4bd 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: