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

DOCUMENT # K80565 1. Corporation Name

J K INVESTMENT U.S.A., INC.

Principa	l Place of	Business

Mailing Address

FILED Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90134 050 ***150.00



1940 NE 17TH) ET LAUDERDAL	- 1				DO NOT WRITE IN THIS SPACE							
*							Incorporate 4/1989	ed or Qualifed		, <u> </u>	·	
2. Principal Pl	ace of Bysiness	2a. Mailing Address	74	A-1 / 2		4. FEI N	umber				Appl	ied For
n <i>473</i>	O HOTH MUE	26 4730 40	TH	AUE		<u>65-0</u>	119782				Not .	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	=-			5. Certif	cate of Sta	itus Desired		-	75 Ad e Req	ditional uired
City & State	RE BENH, FL	City & State 28 VERO BEAC	CH 1_	FL		Trust	Fund Con			Ad	.00 N ded to	* 1
zip 329	267 [25] Country USA	z9 32967 30	Country U	SA		Perso	nal Prope			Yes		∃No
	9. Name and Address of Current I	Registered Agent				10. Name	and Add	lress of New	Registered	Agent		
NOC	I LOCEDII V		81	Name								
NOFIL, JOSEPH K 3284 NORTH STATE ROAD 7			82 Street Address (P.O. Box Number is Not Acceptable)									
LAUL	DERDALE LAKES FL 33319		83									
	." 		84	City					FL	_	Zip Co	
agent. I ar	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation	ins of, Section 607.0505, Florida	Statutes					tement for the lace		changir intment	ng its regi	egistered stered
	Signature, typed or printed name of registered agent a			t signature r	required wt	nen reinstatin			DATE	UD DIDE	-0700	C 11 42
12.	OFFICERS AND		13.	_	Dor	ADDII	IONS/CHA	NGES TO O	FFICERS A	Cha		Addition
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NAME	KARPJUK, JOSEF	J	1.2 NAME				<, 505					
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CITY-ST-ZIP	-FT. LAUDERDALE EL		1.4 CITY-S	-ZIP	VEH		EACH	<u>, </u>	3276			C3 1 4 404
TITLE	D	☐ DELETE	2.1 TITLE	1	DIR	ECTO	$\circ \mathcal{R}$			Cha	ange	Addition
NAME	SCHREINER, FRANZ		2.2 NAME		SCH	FREIN	λe9€	FRANi	2			
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CITY-ST-ZIP	FT. LAUDERDALE-FL-33304		2.4 CITY-S	T-ZIP	1117	00.	2/-0/	H FL	329	601	<u> </u>	
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			6.3 STREET	ADDRESS								
STREET ADDRESS		J	6.4 CITY-S		}							
CITY ST. 7ID		3	2.7 OII 1-9		4							

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