

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Montford
Secretary of State
1900 BANKERS BUILDING
TALLAHASSEE, FLORIDA 32399-0001

**APPROVED
AND
FILED**

95 MAY -1 AM 4:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L20854** (0)
1. CORPORATION NAME
A O K ENTERPRISES II, INC.

Principal Place of Business: **C/O ANNUNZIATO 19720 BOB-O-LINK DR MIAMI FL 33015**
Mailing Address: **C/O ANNUNZIATO 19720 BOB-O-LINK DR MIAMI FL 33015**

DO NOT WRITE IN THIS SPACE

3. Date of Incorporation (or Assumed): **10/06/1989** 3a. Date of Last Report: **05/01/1994**
4. FIC Number: **65-0151320** Applied For: Not Applicable:
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing and Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under § 194.032 Florida Statutes: Yes No

2. Principal Place of Registered Office: **21** 2a. Mailing Address: **26**
22. State: **FL** 27. State: **FL**
23. City: **MIAMI** 28. City: **MIAMI**
24. County: **DADE** 29. County: **DADE** 30. County: **DADE**

9. Name and Address of Current Registered Agent
**ANNUNZIATO, ANGELO A
19720 BOB-O-LINK DRIVE
MIAMI FL 33015**

10. Name and Address of New Registered Agent
B1 Name: _____
B2 Street Address (if P.O. Box Number is Not Acceptable): _____
B3 _____
B4 City: _____ FL B5 Zip Code: _____

11. Pursuant to the provisions of Sections 601.01, 601.02, and 601.03, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office to the address listed on both of the above Florida Statutes. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and I accept the obligations of Section 601.03, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS

OFFICER	P	NAME	ANNUNZIATO, RUTH M.
STREET ADDRESS		STREET ADDRESS	19720 BOB-O-LINK DR.
CITY		CITY	MIAMI FL
OFFICER	D-S-T	NAME	ANNUNZIATO, ANGELO A.
STREET ADDRESS		STREET ADDRESS	19720 BOB-O-LINK DR.
CITY		CITY	MIAMI FL
OFFICER		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY		CITY	
OFFICER		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY		CITY	
OFFICER		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY		CITY	

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS

OFFICER	P	NAME	
STREET ADDRESS		STREET ADDRESS	
CITY		CITY	
OFFICER	S-T	NAME	
STREET ADDRESS		STREET ADDRESS	
CITY		CITY	
OFFICER		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY		CITY	
OFFICER		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY		CITY	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and is correct and ready for the recording stated in Sections 601.01, 601.02, Florida Statutes. I further certify that the information included on this annual report or supplemental annual report and articles and amendments thereto and that my signature shall have the same legal effect as if made in the state that gave an officer or director of the corporation or the corporation the power to execute this report as required by Chapter 601, Florida Statutes, and that my name appears in Block 12 or 13 of this filing as a change to the officers listed with this filing.

SIGNATURE: *Angelo Annunziato*
SECRETARY AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR
ANGELO A. ANNUNZIATO

SECRETARY/
TREASURER
4-25-95
305-829-9628