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**PROFIT CORPORATION** ANNUAL REPORT

1999

DOCUMENT # L27319
1. Corpora tion Name



FLORIDA DEPARTMENT OF STATE

## Kathe ine Harris

Secretary of State DIVISION OF CORPORATIONS

## FILED Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90087 011 \*\*\*150.00

| KING KC   | ong tire, inc.   |   |  |                       |  |  |             |                    |                          |                         |                |              |                         |                                     |
|---|--|---|--|-----------------------|--|--|-------------|--------------------|--------------------------|-------------------------|----------------|--------------|-------------------------|-------------------------------------|
| Principal Place   | e of Business  |   | Mailing Address  |                       |  |  |             | 7                  | I IBBRAGA DIG II         | 811 1 <b>3848</b> 1618) | 11616 1611 612 | 12 81911 919 |                         | P) (((()))                          |
| 3400 N.W. 27 AVENUE 3400 N.W. 27 AVENUE MIAMI FL 33142-5207 MIAMI FL 33142-5207   |  |   |  |                       |  |  |             |                    |                          |                         |                |              |                         | <i></i>                             |
|   |  |   |  |                       |  |  |             | DO NOT WRITE IN TH |                          |                         | RITE IN TE     | IIS SPAC     | E                       |                                     |
| <del></del>   |  |   |  |                       |  |  |             | l l                | e I icorporate           | or Qualife              | d              |              |                         |                                     |
|   |  |   |  |                       |  |  |             |                    | <u>01/1989</u>           |                         |                |              | <del></del>             |                                     |
| 2. Principal Pl   | lace of Business   |   | 2a. Mailing Address  |                       |  |  |             | 1                  | Number<br>0407047        |                         |                | -            | -+                      | lied For                            |
| 21  |  |   | 26   |                       |  |  |             | 65                 | 0187247                  |                         |                |              |                         | Applicable dditional                |
| Suite, Apt.   | #, etc.  |   | Suite, Apt. #, etc.  |                       |  |  |             | 5. Cer             | tifcate of Stati         | us Desired              |                | •            | ee Re                   | l.                                  |
| City & Sitate   |  |   | City & State   |                       |  |  |             | 6 Fled             | — ————<br>ctic₁n Campaig | n Financino             | 1 _            |              |                         | Mav Be                              |
| 23  | •  |   | 28   |                       |  |  |             | 1                  | st Fund Contr            |                         | <b>'</b> □     |              | dded t                  |                                     |
| Zip   | Coun   | itry  | Zip  |                       | Country  | ,  |             | 8. This            | corporation (            | owes the cu             | rrent year     | Intangible   |                         |                                     |
| 24  | 25   |   | 29   | 30                    |  |  |             |                    | so al Propert            |                         |                | Y            |                         | ZHO                                 |
|   | 9. Name and Add  | ress of Current   | Registered Agent   |                       |  |  |             | 10. Nar            | ne and Addr              | ess of New              | Register       | d Agent      |                         |                                     |
| EIDAI   | NQUI, MARIO  |   |  |                       | 81   | Narr   | е           |                    |                          |                         |                |              |                         |                                     |
|   | NW 24 STREET   |   |  |                       | 82   | Stre   | nbt A te    | ress (P.O. I       | 3o ( Number i            | s Not Accep             | otable)        |              |                         | -                                   |
|   | MI FL  |   |  |                       | 83   |  |             |                    |                          |                         |                |              | —                       |                                     |
| 17.0-41   | 711 T G  |   |  |                       | "  |  |             |                    |                          |                         |                |              |                         |                                     |
|   |  |   |  |                       | 84   | City   |             | •                  |                          |                         | F              | ·L 85        | Zip (                   | ode                                 |
| 44 5  | to the provisions of Se  | ections 607 0502  | and 607.1508, Florida S  | tat ites.             | the above  | <u> </u>   | ed c am     | oration sub        | om ts this state         | ement for th            | e purpose      | of chang     | ing its                 | registered                          |
| TI. Pursuant  |  | ,000,10 007.000   |  |                       |  | e-nam  | 7G 0 7 P    |                    |                          |                         |                |              |                         |                                     |
| office or n   | enistered anent or ho  | th in the State o   | if Florida. Such change w  | as autho              | onzed by   | tne co   | rporation   | on's board         | of directors. I          | hereby acc              | ept the ap     | oointmen     | t as reț                | jistered                            |
| office or n<br>agent. I a   | egistered agent, or bo<br>m familiar with, and ac  | th, in the State of<br>scept the obliga is  | of Florida. Such change work ons of, Section 607.0505  | as autho<br>, Forida  | onzed by<br>Statutes   | the co   | rporatio    | on's board         | or airectors. I          | hereby acc              | ept me ap      | oointmen     | t as reç                | jistered<br>                        |
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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 supplementa 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 Chap er 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if change 4, or on an attachment with an address, with all other like empowered. CITY-ST-ZIP

SIGNATURE:

301-635-2928