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 # L34518

KAPUSTIN CORPORATION

Principal Pla	ce of Business	Mailing Address				4 1011 01017 84231 0101f 8 38	N DIDIN OKUN 1001
% RAFAEL KAPUSTIN 25 S.E. SECOND AVENUE MIAMI FL 33131-1506 % RAFAEL KAPUSTIN 25 S.E. SECOND AVENUE MIAMI FL 33131-1506					DO NOT WRITE IN THIS SPACE		
minimi i C VVIVI 100V minimi i L VVIVI 100V					3. Date incorporated or Qualifed		
	and the same				12/07/1989		
2. Principal Place of Business 2a. Mailing Address							Applied For
21 26					65-0158665 Not Ap		Not Applicable
Suite, Apt	t. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	□ \$8.75	Additional
22		27			5. Certificate of Status Desired	Fee F	Required
City & Sta	ate	City & State	City & State		6. Election Campaign Financing \$5.00 May Be		
23		28	<u> </u>		Trust Fund Contribution	Adde	to Fees
Zip	Country	Zip	Cour	try	8. This corporation owes the current		
24	25	29	30		Personal Property Tax.	Yes	□No
	9. Name and Address of Curren	t Registered Agent		81 Name	10. Name and Address of New Re	gistered Agent	•
KVI	PUSTIN, RAFAEL			o i wame		•	,
	S.E. SECOND AVENUE			82 Street Add	ress (P.O. Box Number is Not Acceptab	le)	
	MI FL 33131			02	The second secon	e grande a de la compania del compania del compania de la compania del compania del compania de la compania del	erenennin eg
MIN	WILL CO 101	• • •	*	83	经基础 不是的 电影 经	語問問題包	
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and the second of					poration submits this statement for the pion's board of directors. I hereby accept	<u> </u>	4,4
SIGNATURE	am familiar with, and accept the obligation of the state of section of the state of	tions of, Section 607.0505, Flor	nda Statu	ies.	ed when reinstating)	DATE	
12.		D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFI		
TITLE	PD	☐ DELETE	1.1 TITL	E		☐ Change	Addition
NAME	KAPUSTIN, RAFAEL	_	1.2 NAX				
STREET ADDRESS		•	1.3 STR	EET ADORESS			,
CITY-ST-ZIP	MIAMI FL			/-ST-ZIP			
TITLE	8	☐ DELETE	2.1 TITL	ŀ		Change	Addition
NAME	KAPUSTIN, SARA		2.2 NAM	Œ	•		
STREET ADDRESS			2.3 STR	EET ADDRESS		,	
CITY-ST-ZIP	MIAMI FL	——————————————————————————————————————		Y-ST-ZIP			
TITLE (AA)	Part of Remarks	☐ DELETE	3.1 TITL			Change	Addition Addition
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STREET ADDRESS	8			EET ADDRESS		,w	‡ ·
CITY-ST-ZIP	14.75		_	/-ST-ZIP			, · Daddition
TITLÉ		☐ DELETE	5.1 TITL			Change	e ☐ Addition
NAME			5.2 NAM		Late of the second	•	. }
STREET ADDRESS	S S		1	EET ADDRESS	المن المراجع و		Ì
CITY-ST-ZIP				-ST-ZIP			
TITLE	数数を対象を対象を対象 変数を変換を含むしな数とと	☐ DELETE	6.1 TITL			☐ Change	Addition
NAME			6.2 NAN	EET ADDRESS (

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 occurred 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.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

FILED

Jan 26, 1999 8:00am

Secretary of State

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