

CAPITAL CONNECTION



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FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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Secretary of State

08-06-1999 90005 003 ***558.75

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L84855					
1. Corporation Name K. R. KHUOA, INC.					
Principal Place of Business 2959 ALAFAYA TRAIL, SUITE 121 OVI 1000, FL 32765			Mailing Address		
DO NOT WRITE IN THIS SPACE					
2. Principal Place of Business			2a. Mailing Address		3. Date Incorporated or Qualified 6/29/90
21	Suite, Apt. #, etc.		26	Suite, Apt. #, etc.	
22	City & State		27	City & State	
23	Zip		28	Zip	
24	Country		29	Country	
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
			81 Name TARIK CHOUDHURY		
			82 Street Address (P.O. Box Number is Not Acceptable) 2959 ALAFAYA TRAIL, SUITE 121		
			83		
			84 City OVI 1000 FL 85 Zip Code 32765		
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE  DATE 7/29/99					
(NOTE: Registered Agent signature required when reappointing)					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN		
TITLE	PRESIDENT	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> A	
NAME	TARIK CHOUDHURY		1.2 NAME		
STREET ADDRESS	2959 ALAFAYA TRAIL, SUITE 121		1.3 STREET ADDRESS		
CITY-ST-ZIP	OVI 1000, FL 32765		1.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> A	
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> A	
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> A	
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> A	
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> A	
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #