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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L92905** **(3)**

1. Corporation Name
ADE KING INC.

Principal Place of Business	Mailing Address
PO BOX 681-705 MIAMI FL 33168	PO BOX 681-705 MIAMI FL 33168

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
08/08/1990	06/02/1994

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / County 25	Zip 29 / County 30

4. FEI Number **65-0240221** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes.* ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
AINA, ALICE 6800 NW 27TH AVE STE 104 MIAMI FL 33147	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.1007 and 607.1408, 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

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND/OR DIRECTORS	
TITLE	PD	TITLE	☐ Change ☐ Addition
NAME	AINA, ALICE	NAME	
STREET ADDRESS	7717 ALHAMBRA BLVD	STREET ADDRESS	
CITY-ST-ZIP	MIRAMIR FL	CITY-ST-ZIP	
TITLE	D	TITLE	☐ Change ☐ Addition
NAME	EMMANSON, ALLE	NAME	
STREET ADDRESS	1940 NW 119 ST. APT 822	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	CITY-ST-ZIP	
TITLE	D	TITLE	☐ Change ☐ Addition
NAME	BAMISHIGBIN, OLA	NAME	
STREET ADDRESS	4466 NW 200 ST	STREET ADDRESS	
CITY-ST-ZIP	CAROL CITY FL	CITY-ST-ZIP	
TITLE		TITLE (V)	☐ Change ☒ Addition
NAME		NAME	Vice-President
STREET ADDRESS		STREET ADDRESS	Aderemi A. Adeoba
CITY-ST-ZIP		CITY-ST-ZIP	3432 NW 176th Terr./ Miami Fl33056
TITLE		TITLE (D)	☐ Change ☒ Addition
NAME		NAME	Adetoun Tina Adeoba
STREET ADDRESS		STREET ADDRESS	3432 NW 176th Terr
CITY-ST-ZIP		CITY-ST-ZIP	Miami, FL 33056
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE [signature] 04/20/95 (305)836- 0134

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0430298 FP