

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

FILED
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90115 047 ***150.00

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DOCUMENT # P92000004821

1. Corporation Name
EN.KI CORPORATION

Principal Place of Business
7201 S.W. 84 CT.
MIAMI FL 33143

Mailing Address
7201 S.W. 84 CT.
MIAMI FL 33143



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/16/1992

4. FEI Number
65-0496652

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 16077 SW 155 CT.

Suite, Apt. #, etc.

22

City & State

23 MIAMI, FL

Zip

24 33187

Country

25 USA

2a. Mailing Address

26 16077 SW 155 CT.

Suite, Apt. #, etc.

27

City & State

28 MIAMI, FL

Zip

29 33187

Country

30 USA

9. Name and Address of Current Registered Agent

YNASTRILLA, ALEXANDER
7201 S.W. 84 COURT
MIAMI FL 33143

10. Name and Address of New Registered Agent

81 Name ANTONIO J. YNASTRILLA

82 Street Address (P.O. Box Number is Not Acceptable)

16077 SW 155 CT.

83

84 City MIAMI

FL

85 Zip Code 33187

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

ANTONIO J. YNASTRILLA

1/19/99

12. OFFICERS AND DIRECTORS

TITLE DVTS
NAME YNASTRILLA, ALEXANDER A
STREET ADDRESS 7520 S.W. 63 AVE.
CITY-ST-ZIP MIAMI FL 33143 ☒ DELETE

TITLE DP
NAME YNASTRILLA, ANTONIO J
STREET ADDRESS 7201 S.W. 84 COURT
CITY-ST-ZIP MIAMI FL 33143 ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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 #

ANTONIO J. YNASTRILLA

1/19/99

305-234-7242

CR2E034 (11/98)