FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS P93000000731 (8) DOCUMENT # V & K CORP. Principal Place of Business Mailing Address 19380 COLLINS AVENUE 19380 COLLINS AVENUE **APT 909-B** APT 909-B MIAMI BEACH FL 33160 MIAMI BEACH FL 33160 3. Date Incorporated or Qualified 3a. Date of Last Report 01/06/1993 05/01/1995 4. FEI Number Applied For 65-0369008 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Election Campaign Financing \$5.00 May Be **Trust Fund Contribution** Added to Fees 8. This corporation has liability for intangible tax under s 199,032. 30 29 Florida Statutes ☐ Yes ☐ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent R1 Name KERSTEN, KARL 82 19380 COLLINS AVENUE **APT 909-B** 83 MIAMI BEACH FL 33160 Ci 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corp ration submits this statement for the purpose of changing its registered of 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's gnature required when reinstating) CR2E034 (12/95) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIFECTORS 13. **PSTD** DELETE 1. 1 TITLE ☐ Addition KERSTEN, KARL 1.2 NAME 19380 COLLINS AVENUE, APT 909-B STREET ADDRESS 1.3 STREET ADDRESS MIAMI BÉACH FL CITY-ST-ZIP 1.4 City - ST- ZIP DELETE 2. 1 TITLE VINCENT D'ELISEO JR. 2.2 NAME 19380 COLLINS AVE #909B STREET ADDRESS 2.3 STREET ADDRESS MIAMI BCH FL CłTY-ST-2IP 2 4 CHY-ST-ZIP DELETE 3 1 TIBLE 3.2 NAME STREET ADDRESS 3.3. STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP DELETE 4. 1 TITLE Change ☐ Addition 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS DITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE 5 1 TITLE Change ☐ Addition 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5.4 CITY-ST-ZiP DELFTE 6 1 TiTLE Change Addition 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY-\$1-2IP 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)(k). 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

12.

TITLE

NAME

TITLE

NAME

TITLE

NAME

TITLE

NAME

TITLE

NAME

TITLE

NAME

SIGNATURE:

appears in Block 12 or Block 13 if changed,

or on an attachment with an address.

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