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

PROFIT CORPORATION ANNUAL REPORT

1998



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000009727 (7)

KY INTERNATIONAL, INC.

FILED May 07 1998 8:00am Secretary of State



Dringing! Place	o of Business	Mailing Address				U U
i -				• .		
7166 N.W. SOTH STREET 7166 N.W. SOTH STREET MIAMI FL 33166 MIAMI FL 33166						
MICHIEL CO.	MINMI TE SSTOO			DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualified	
					02/09/1993	
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	Applied For
21 26		26			65-0403382	Not Applicable
Suite, Apt. #, etc		Suite, Apt #, etc.	Suite, Apt #, etc.		5. Certificate of Status Desired	\$8.75 Additional
(1		27			g, continuate of otation bosines	Fee Required
City & State		City & State			6. Election Campaign Financing	\$5.00 May Be
23		28			Trust Fund Contribution	Added to Fees
Zip 24	Country	Zip	Count	У	8. This corporation owes or has paid the curre	
24	25 25 9. Name and Address of Curren		30		Personal Property Tax due June 30. 10. Name and Address of New Registered A	Yes No
140		it negistered Agent	8	Name	10. Italia alta Address di Itali Negistatad A	Beitt
KOBASHIKAWA, HAYDE					<u> </u>	
5122 N.W. 79TH AVENUE, APT. 203 MIAMI FL 33166			8	Street A	Address (P.O. Box Number is Not Acceptable)	
MIAMI PL 33100			8	3		
			84	City	FL	85 Zip Code
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 alignature required when reinstating) DATE						
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AND	
TITLE	PS	☐ DELETE	1.1 TITLE	j	1	Change Addition
NAME	YI, ENRIQUE		1.2 NAME			
STREET ADDRESS	15125 SW 109 STREET		1.3 STREE	T ADDRESS		į
CITY-ST-ZIP	MIAMI FL 33196		1.4 CITY	ST-ZIP		
TITLE	VT	☐ DELETE	2 1 TITLE		l	Change Addition
NAME	GONZALEZ, ADALBERTO		2.2 NAME			
STREET ADDRESS	20 NW 87 AVE., #A227			T ADDRESS		
City-St-ZiP	MIAMI FL 33172		2.4 CITY	-ST-ZIP		
TITLE	D VI VARIBA	☐ DELETE	3.1 TITLE		l	Change Addition
NAME	YI, YADIRA		3.2 NAME			ļ
STREET ADDRESS	15125 SW 109 STREET			T ADDRESS		
CITY-ST-ZIP	MIAMI FL 33196	T brieve	3.4. CITY	ST-ZIP	····	Ohana lakan
TITLE		DELETE	4.1 TITLE	_	· ·	Change Addition
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STREET ADDRESS				T ADDRESS		
CITY-ST-ZIP		DELETE	4.4 CITY-	ST-ZIP		Change Addition
TITLE		☐ DECEIE	5.1 TITLE	İ	·	Trisuide Tivoquequ
HAME			5.2 NAME			
STREET ADDRESS				TADDRESS		
CITY-ST-ZIP		☐ DELETE	5.4 CITY -	ST-ZIP		Change Addition
TITLE		⊢ DETEIR	6.1 TITLE	- 1	·	TI VOUIDOU TI VOUIDOU
NAME ATREE ADDRESS			6.2 NAME	1		
STREET ADDRESS				T ADDRESS		
CITY-ST-ZIP			6.4 CITY-	ST-ZIP		į

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 true de 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 arrangement with an address.

SIGNATURE:

(305) 477 (308)