## 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

## DOCUMENT # P9300009727

## **FILED** Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90020 013 \*\*\*150.00

KY INT	ERNATIONAL, INC.				
Principal Plac	ce of Business	Mailing Address			
7166 N.W. 50		7166 N.W. 50TH STREET			
MIAMI FL 331	66	MIAMI FL 33166.		DO NOT WRITE IN THIS	SPACE
}				3. Date Incorporated or Qualifed	SPACE
				02/09/1993	
2. Principal F	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0403382	Not Applicable
Suite, Apt	. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & Sta	**	27			Fee Required
23	ie	City & State	The second second second	6. Election Campaign Financing	\$5.00 May Be
Zip	Country	Zip	Country	Trust Fund Contribution	Added to Fees
24	25	<b>⊢</b> ` -	30	<ol><li>This corporation owes the current year Int Personal Property Tax.</li></ol>	angible □Yes □No
	9. Name and Address of Current			10. Name and Address of New Registered	
			81 Name		
KOBASHIKAWA, HAYDE			82 Street Addr	ress (P.O. Box Number is Not Acceptable)	
	2 N.W. 79TH AVENUE, APT. 203		oz Street Addi	ress (F.O. Box Number is Not Acceptable)	
MIA	MI FL 33166	*	83	111	
			84 City		85 Zip Code
44 🙃				FL	.
office or i	to the provisions of Sections 607.0502 registered agent, or both, in the State of	! and 607.1508, Florida Statute: of Florida. Such change was au	s, the above-named corp thorized by the corporation	poration submits this statement for the purpose of on's board of directors. I hereby accept the appoint	changing its registered ntment as registered
	im familiar with, and accept the obligat	ions of, Section 607.0505, Flori	da Statutes.	,	
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable (NOTE: I	Registered Agent signature required	d when reinstating) DATE	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTORS IN 12
TITLE	PS	. □ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	YI, ENRIQUE		. 1.2 NAME		
STREET ADDRESS	15125 SW 109 STREET		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33196		1.4 CITY-ST-ZIP		
TITLE	VT	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	GONZALEZ, ADALBERTO		2.2 NAME		
STREET ADDRESS	20 NW 87 AVE., #A227		2.3 STREET ADDRESS		•
CITY-ST-ZIP	MIAMI FL 33172		2.4 CITY-ST-ZIP		
TITLE	D	` □ DEFELE	.3.1 πTLE	_ · · · · · · · · · · · · · · · · · · ·	Change Addition
NAME STREET ADDRESS	yi, yadira 15125 SW 109 Street		3.2 NAME		
CITY-ST-ZIP	MIAMI FL 33196		3.3 STREET ADDRESS		
TITLE	MINIMI I E 00 190	☐ DELETE	3.4. CITY-ST-ZIP		☐ Change ☐ Addition
NAME			4.1 MCE 4.2 NAME		☐ Change ☐ Addition
STREET ADDRESS			4.3 STREET ADDRESS		j
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		ļ
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 appears with all other like empowered.

SIGNATURE: