


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

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

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

|   |                      |  |   |  |  |
|---|----------------------|--|---|--|--|
| <b>PROFIT CORPORATION ANNUAL REPORT 1999</b>  |                      |         |   | FLORIDA DEPARTMENT OF STATE<br><b>Katherine Harris</b><br>Secretary of State<br>DIVISION OF CORPORATIONS                             |  |
| <b>DOCUMENT # P93000009727</b>  |                      |  |   |  |  |
| 1. Corporation Name<br><b>KY INTERNATIONAL, INC.</b>  |                      |  |   |  |  |
| Principal Place of Business<br><b>7166 N.W. 50TH STREET<br/>MIAMI FL 33166</b>  |                      |  | Mailing Address<br><b>7166 N.W. 50TH STREET<br/>MIAMI FL 33166</b>  |  |  |
| 2. Principal Place of Business<br>21 Suite, Apt. #, etc.<br>22 City & State<br>23 Zip Country<br>24   |                      | 2a. Mailing Address<br>26 Suite, Apt. #, etc.<br>27 City & State<br>28 Zip Country<br>29 |   | 3. Date Incorporated or Qualified<br><b>02/09/1993</b>   |  |
|   |                      |  |   | 4. FEI Number<br><b>65-0403382</b>   |  |
|   |                      |  |   | Applied For<br>Not Applicable  |  |
|   |                      |  |   | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                                      |  |
|   |                      |  |   | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>                   |  |
|   |                      |  |   | 8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No |  |
| 9. Name and Address of Current Registered Agent<br><b>KOBASHIKAWA, HAYDE<br/>5122 N.W. 79TH AVENUE, APT. 203<br/>MIAMI FL 33166</b>   |                      |  | 10. Name and Address of New Registered Agent<br>81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>84 City <b>FL</b> 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<br>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE  |                      |  |   |  |  |
| 12. OFFICERS AND DIRECTORS  |                      |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12   |  |  |
| TITLE   | PS                   | <input type="checkbox"/> DELETE  | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> 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                   | <input type="checkbox"/> DELETE  | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> 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                    | <input type="checkbox"/> DELETE  | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| NAME  | YI, YADIRA           |  | 3.2 NAME  |  |  |
| STREET ADDRESS  | 15125 SW 109 STREET  |  | 3.3 STREET ADDRESS  |  |  |
| CITY-ST-ZIP   | MIAMI FL 33196       |  | 3.4 CITY-ST-ZIP   |  |  |
| TITLE   |                      | <input type="checkbox"/> DELETE  | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| NAME  |                      |  | 4.2 NAME  |  |  |
| STREET ADDRESS  |                      |  | 4.3 STREET ADDRESS  |  |  |
| CITY-ST-ZIP   |                      |  | 4.4 CITY-ST-ZIP   |  |  |
| TITLE   |                      | <input type="checkbox"/> DELETE  | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| NAME  |                      |  | 5.2 NAME  |  |  |
| STREET ADDRESS  |                      |  | 5.3 STREET ADDRESS  |  |  |
| CITY-ST-ZIP   |                      |  | 5.4 CITY-ST-ZIP   |  |  |
| TITLE   |                      | <input type="checkbox"/> DELETE  | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| NAME  |                      |  | 6.2 NAME  |  |  |
| STREET ADDRESS  |                      |  | 6.3 STREET ADDRESS  |  |  |
| CITY-ST-ZIP   |                      |  | 6.4 CITY-ST-ZIP   |  |  |



DO NOT WRITE IN THIS SPACE

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-19-99

Date

(305) 477-8228

Daytime Phone #