

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Sep 02 1998 8:00am
Secretary of State

DOCUMENT # **P93000012788 (4)**

1. Corporation Name

H.K.N. INTERNATIONAL INC.

Principal Place of Business

**2331 KINGSTON DR.
MIRAMAR FL 33023**

Mailing Address

**2331 KINGSTON DR.
MIRAMAR FL 33023**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/04/1993

4. FEI Number

69-0390792

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 or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 Sulte, Apt. #, etc.

2a. Mailing Address

26 Sulte, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

**HENRIQUEZ, ALEXANDER A
2331 KINGSTON DR.
MIRAMAR FL 33023**

10. Name and Address of New Registered Agent

81 Name

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

83

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 signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

T
NAME **HENRIQUEZ, ALEX**
STREET ADDRESS **2331 KINGSTON DR.**
CITY-ST-ZIP **MIRAMAR FL 33023**

☒ DELETE

PCD
NAME **KENNIVE, NAPOLEON H**
STREET ADDRESS **2331 KINGSTON DR.**
CITY-ST-ZIP **MIRAMAR FL 33023**

☒ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PCD** ☒ Change ☐ Addition
1.2 NAME **HENRIQUEZ ALEXANDER A.**
1.3 STREET ADDRESS **2331 KINGSTON DR.**
1.4 CITY-ST-ZIP **MIRAMAR FL 33023**

2.1 TITLE **T** ☒ Change ☐ Addition
2.2 NAME **HENRIQUEZ Lilly M.**
2.3 STREET ADDRESS **2331 KINGSTON DR.**
2.4 CITY-ST-ZIP **MIRAMAR FL 33023**

3.1 TITLE **V** ☐ Change ☒ Addition
3.2 NAME **HENRIQUEZ DABORAH A.**
3.3 STREET ADDRESS **2331 KINGSTON DR.**
3.4 CITY-ST-ZIP **MIRAMAR FL 33023**

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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.

SIGNATURE:

(Signature)

8-26-98 954-961-1453

CR2E034 (5/98)