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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000015057 (1)

KIMBERLEY TRADING CORP.

Principal Place of Business

Mailing Address

FILED May 08 1998 8:00am Secretary of State



2290 SOUTH MIRAMAR FL US		2292 SOUTH S.R. 7 MIRAMAR FL 33023				-	DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/22/1993						
2. Principal P	SOUTL STAR RU 7	2a. Mailing Address 26				,	4. FEI Number 65-0407	7072			├ ── 	Applied For Not Applicable	
Suite, Apt		Suite, Apt. #, etc.			1	5. Certificate of		ed		\$8.75	Additional Required		
23 HOI	Ywood, FZ	City & State			•	B. Election Can Trust Fund C		ing			May Be	7	
24 330	25 USA-	Zip Country 30			-	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No No							
	9. Name and Address of Current	Registered Agent				10	o, Name and	ddress of N	ew Re	gistered	Agent		コ
	L dor, Be rta C			81	Name	BA	LOOR	BERT	A	C			
	0 SOUTH STATE RD 7		f	82	Street /		(P.O. Box Num		<u> </u>	ole)			\exists
MIF	VAMAR FL 33023			83		() (Caul	و مصناسی		<u>Λ</u> .	14-7		\dashv
			L		<u>\</u>	106	South	SM	15	Ra		n Onda	4
				84	City	bll	110000	봤		FL	85 Zi	3303	
l office or r	to the provisions of Sections 607,0502 egistered agent, or both, in the State of	t Ftorida. Such change was au	uthorized	i by t	named he corp	corporat	on submits this board of direct	statement fo tors. I hereby	r the p	ourpose o	if changing	j its registered as registered	П
agent. I a	m familiar with, and accept the obligat	ons of, Section 607.0505, Flor	rida Statu	utes.				ĺ	Ü	Kal	68		
SIGNATURE (Signature, typed or printed name of registered agent	and the Lauricable (NOIL)	Hegistered	Agent	signature	required wh	en reinstating)		-7	DATE	70		
12.	OFFICERS AND		13.				ADDITIONS/C	HANGES TO	OFFIC	ERS AN	D DIRECTO	ORS IN 12	
TITLE	81	DELETE	1.1 TI)(ιF							Change	e Addition	∏€
NAME	BERTA C. BALDOR,		1.2 NAI	ME									[5
STREET ADORESS	3600 S.W. 139TH AVE.		1		DDRESS								Ιğ
CITY-ST-ZIP	MIRAMAR FL 33027	DELETE	1.4 C/T 2.1 T/T		ZIP						Change	Addition	ڄۈك
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CITY-ST-ZIP	<u> </u>	DELETE	5.4 CIT		ZIP						Change	Addition	\dashv
NAME		_ onen	6.2 NA		- 1						ondingo		`
STREET ADDRESS			63 STR		ndress								
CITY-ST-ZIP	portific that the integration surveyed with	this filter does not qualify for	6.4 CIT			d in Sool	lion 119 07/31/6	Elorida Stati	utoo I	further o	artifu that t	no information	\dashv

ordinated on this annual report or supplied with this timing does not quality or the exemption stated in section 119.07(3)(), Fibrida statutes. 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 utilischment with an address.