

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

**FILED**  
**Mar 10, 1999 8:00 am**  
**Secretary of State**

03-10-1999 90128 029 \*\*\*150.00

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|  |   |  |
|--|---|--|
| PROFIT CORPORATION<br>ANNUAL REPORT<br><b>1999</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Katherine Harris</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|--|

**DOCUMENT # P93000066317**

1. Corporation Name  
**K.A.E. HOLDING CORPORATION, INC.**



|  |                                |   |                     |
|--|--------------------------------|---|---------------------|
| Principal Place of Business<br>1573 SUNSET DRIVE<br>MIAMI FL 33143<br><i>11632 N. Kendall Drive<br/>miami FL 33176</i> |                                | Mailing Address<br>1573 SUNSET DRIVE<br>MIAMI FL 33143<br><i>Same</i> |                     |
| 21   | 2. Principal Place of Business | 26  | 2a. Mailing Address |
| 22   | Suite, Apt. #, etc.            | 27  | Suite, Apt. #, etc. |
| 23   | City & State                   | 28  | City & State        |
| 24   | Zip                            | 29  | Country             |
| 25   | Country                        | 30  | Country             |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**09/22/1993**

4. FEI Number  
**65-0437359**

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 the current year Intangible Personal Property Tax.  Yes  No

9. Name and Address of Current Registered Agent

**GURDJIAN, JACQUES**  
**8050 S.W. 157TH STREET**  
**MIAMI FL 33157**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |   | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|----------------------------|---|---|--|
| TITLE                      | <b>P</b> <input type="checkbox"/> DELETE  | 1.1 TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>JOANNOU, BEN JR.</b>                   | 1.2 NAME  |  |
| STREET ADDRESS             | <b>9900 S.W. 131ST STREET</b>             | 1.3 STREET ADDRESS                                    | <i>10155 SW 124 ave</i>  |
| CITY-ST-ZIP                | <b>MIAMI FL 33157</b>                     | 1.4 CITY-ST-ZIP                                       | <i>Miami FL 33186</i>  |
| TITLE                      | <b>V</b> <input type="checkbox"/> DELETE  | 2.1 TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>JOANNOU, LISA</b>                      | 2.2 NAME  |  |
| STREET ADDRESS             | <b>14368 S.W. 96TH TERRACE</b>            | 2.3 STREET ADDRESS                                    | <i>10150 SW 123 ave</i>  |
| CITY-ST-ZIP                | <b>MIAMI FL 33186</b>                     | 2.4 CITY-ST-ZIP                                       | <i>Miami FL 33186</i>  |
| TITLE                      | <b>ST</b> <input type="checkbox"/> DELETE | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | <b>GURDJIAN, JACQUES</b>                  | 3.2 NAME  |  |
| STREET ADDRESS             | <b>8050 S.W. 157TH STREET</b>             | 3.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | <b>MIAMI FL 33157</b>                     | 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                                       |  |

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, with all other like empowered.

SIGNATURE: *W. S. ...* **REQUIRED** Date: *3/3/99* Daytime Phone #: *305 275-6610*

CR2E034 (11/98)