

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

FILED

**May 05 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000070470 (8)
1. Corporation Name
K.V. MARK IMPORTS, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 5220 NW 72ND AVE MIAMI FL 33166	Mailing Address 5220 NW 72ND AVE MIAMI FL 33166
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3. Date Incorporated or Qualified 10/11/1993	
4. FEI Number 65-0445167	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29

9. Name and Address of Current Registered Agent
**GARCIA, PRISCILLA F.
5220 NW 72 AVE
UNIT 25
MIAMI FL 33166**

10. Name and Address of New Registered Agent

B1 Name STEPHEN J. KOLSKI, JR.	
B2 Street Address (P.O. Box Number is Not Acceptable) CATLIN, SAXON, TUTTLE AND EVANS, P.A.	
B3 169 EAST FLAGLER STREET	
B4 City MIAMI, FL	B5 Zip Code 33131

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: *Stephen J. Kolski* (NOTE: Registered Agent signature required when reinstating) DATE: **4/28/98**

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	VILLASECA, JUAN J	
STREET ADDRESS	% 5220 NW 72ND AVE	
CITY-ST-ZIP	MIAMI FL 33166	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	VILLASECA, JUAN G	
STREET ADDRESS	% 5220 NW 72ND AVE	
CITY-ST-ZIP	MIAMI FL 33166	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GARCIA, PRISCILLA	
STREET ADDRESS	% 5220 NW 72ND AVE	
CITY-ST-ZIP	MIAMI FL 33166	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	TRUJILLO, ALFONSO	
1.3 STREET ADDRESS	5220 NW 72ND AVE, UNIT 25	
1.4 CITY-ST-ZIP	MIAMI, FL 33166	
2.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	CARRERA, JENNY	
2.3 STREET ADDRESS	5220 NW 72ND AVE, UNIT 25	
2.4 CITY-ST-ZIP	MIAMI, FL 33166	
3.1 TITLE	ST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	BRUBAKER, JACQUELINE J.	
3.3 STREET ADDRESS	5220 NW 72ND AVE, UNIT 25	
3.4 CITY-ST-ZIP	MIAMI, FL 33166	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	ANDRADE, CARLOS	
4.3 STREET ADDRESS	5220 NW 72ND AVE, UNIT 25	
4.4 CITY-ST-ZIP	MIAMI, FL 33166	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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.

SIGNATURE: *M. Trujillo*

CR2E034 (10/97)