

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra L. Morfitt
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P93000086625 (9)**

1. Corporation Name
KOAMKA CORP.

Principal Place of Business
**15240 SW 86TH AVE
MIAMI FL 33157**

Mailing Address
**15240 SW 86TH AVE
MIAMI FL 33157**

APPROVED
AND
FILED

55 MAY -1 PM 2:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date incorporated or qualified 12/20/1993	3a. Date of last report 04/28/1994
4. FEI Number 65-0479453	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 has liability for intangible tax under § 194.032, Florida Statutes ☐ Yes ☒ 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	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent SARGENT, LOIS B 15240 SW 86TH AVE MIAMI FL 33157	10. Name and Address of New Registered Agent
	01. Name
	02. Street Address (P.O. Box Number is Not Acceptable)
	03.
	04. City
	FL 05. Zip Code

11. Pursuant to the provisions of Sections 607.01(3) and 607.15(3) 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 607.05(3) Florida Statutes.

SIGNATURE _____
Name of Registered Agent as shown on last annual report _____
Name of Registered Agent as shown on this report _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1995	
NAME	PVTS SARGENT, LOIS B 15240 SW 86TH AVE MIAMI FL	1. NAME	☐ Change ☐ Addition
STREET ADDRESS		2. NAME	☐ Change ☐ Addition
CITY		3. NAME	☐ Change ☐ Addition
STREET ADDRESS		4. NAME	☐ Change ☐ Addition
CITY		5. NAME	☐ Change ☐ Addition
STREET ADDRESS		6. NAME	☐ Change ☐ Addition
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STREET ADDRESS		98. NAME	☐ Change ☐ Addition
CITY		99. NAME	☐ Change ☐ Addition
STREET ADDRESS		100. NAME	☐ Change ☐ Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and that it qualifies for the exemption stated in tax laws of the State of Florida. I further certify that the information included 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 this corporation or the receiver or liquidator thereof and that my signature shall have the same legal effect as if made under oath appears in Block 12 of this report or on an attachment to this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 of this report or on an attachment with an address.

SIGNATURE: *Lois B. Sargent* **Lois B. Sargent 04/26/95 (305) 233-4957**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR