

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

PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

FILED

Jun 05 1998 8:00am

Secretary of State

DOCUMENT # P94000003144 (0)

1. Corporation Name

FDK TAMiami, INC.

Principal Place of Business

7300 SW 84TH PL
SUITE 508
MIAMI FL 33158
US

Mailing Address

7300 SW 84TH PL
SUITE 508
MIAMI FL 33158
US

3. Date Incorporated or Qualified
01/13/1994

3a. Date of Last Report
07/22/1998 1997

2. Principal Place of Business

21 13851 SW 84 Ct.

2a. Mailing Address

26 13851 SW 84 Ct.

Suite, Apt. #, etc.

(Court)

Suite, Apt. #, etc.

(Court)

City & State

23 Miami, FL

City & State

28 Miami FL

Zip

24 33158

Country

25 USA

Zip

29 33158

Country

30 USA

4. FEI Number
65-0462525

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 s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KUKER, HOWARD L
9200 S DADELAND BLVD
SUITE 508
MIAMI FL 33158

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME D
STREET ADDRESS KHOURY, FELIX D
CITY-ST-ZIP 7300 SW 84TH PL
MIAMI FL

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 13851 SW 84 Court
1.4 CITY-ST-ZIP Miami, FL 33158

TITLE ☐ DELETE
NAME D
STREET ADDRESS KHOURY, MONA
CITY-ST-ZIP 7300 SW 84TH PL
MIAMI FL

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 13851 SW 84 Court
2.4 CITY-ST-ZIP Miami, FL 33158

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS 800002552538
5.4 CITY-ST-ZIP -06/09/98--01037--027
***150.00

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

14. I do 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.

S. NATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #