**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS.

DOCUMENT # P 9+000005666

1. Corporation Name KING INTERNATIONA

-Manufacturing, Inc KING INTL PAFE

Principal Place of Business 16580 N.W. LOT AVENUE

MIAMI, FLORIDA 33169-5815

May 10, 1999 8:00 am

Secretary of State

05-10-1999 90279 043 \*\*\*150.00

DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed SEPTEMBER 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-061 2847 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Country Country 8. This corporation owes the current year Intangible 30 Personal Property Tax. 24 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent

MR. JACOBO WERBA 16580 N.W. 10# AVENUE MIAMI, FL. 33169-5815

"	, name
82	Street Address (P.O. Box Number is Not Acceptable)
83	

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		egistered Agent signature required	when reinstating) DATE	-
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1	12
TITLE	PRESIDENT DELETE	1.1 TITLE	☐ Change ☐ Ad	ddition
NAME .	JACOBO WERBA	12 NAME		
STREET ADDRESS	16580 N.W. TOTH AVEHUE	13 STREET ADDRESS		
CITY-ST-ZIP	MIRMI, FLORIDA 33169-5815	1.4 CITY-ST-ZIP		
TITLE	☐ DELETE	2.1 TITLE	Change Ad	ddition
NAME		22 NAME		
STREET ADDRESS		2.3 STREET ADDRESS	•	i
CITY-ST-ZIP		2. 4 CITY-ST-ZIP		
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Ad	ldition
NAME		32 NAME		
STREET ADDRESS		3'3 STREET ADDRESS		
CITY-ST-ZIP		34 CITY-ST-ZIP		
TITLE	☐ OELETE	4.1 TITLE	☐ Change ☐ Ad	ldition
NAME .		4.2 NAME		ł
STREET ADDRESS		4 3 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Ade	dition
NAME		52 NAME		i
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE	☐ OELETE	6.1 TiTLE	☐ Change ☐ Ado	dition
NAME		6.2 NAME		ĺ
STREET ADDRESS		63 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 ne 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 or an attachment with an address, with all other like empowered.

SIGNATURE:

MR. JACOBO WERBA SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

85 Zip Code