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

PROFIT CORPORATION ANNUAL REPORT

1999

MSK ENTERPRISES OF MIAMI, INC.



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P9400009523**1. Corporation Name

FILED Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90077 032 ***150.00

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- 1 (96)(06) (0 (0))	(

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Principal Plac	e of Business	Mailing Address								
15670 S.W. 16TH COURT 15670 S.W. 16TH COURT				-						
PEMBROKE PINES FL 33027		PEMBROKE PINE	PEMBROKE PINES FL 33027			DO NOT WRITE IN THE	DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualified	OUINOL			
						02/04/1994				
2 5-1-1-15	No. of Decisions	2a. Mailing Addr				4. FEI Number		oplied For		
	lace of Business	— C	622			65-0476233	⊢ -	ot Applicable		
	Sulling.		oto			03'0470233		Additional		
Suite, Apt. #, etc.		_ · I	Suite, Apt. # etc.			5. Certificate of Status Desired	Fee Re			
22 City 8 Stat	<u> </u>	City & State	\			6. Election Campaign Financing		May Be		
City & Stat	" 0 - £I	28	1			Trust Fund Contribution	•	to Fees		
23 Temb	Country	Zip	-} -	Country						
77 72000		⊢¬ `	29 30		8. This corporation owes the current year Intangible Personal Property Tax. ✓ Yes ☐ No					
24 3	9. Name and Address of Currer			-		10. Name and Address of New Registere				
	3. Name and Address of Corre	it itegistered Agent		81	Name					
KAU	FMAN, MARC									
	70 S.W. 16TH COURT			82	Street Add	Address (P.O. Box Number is Not Acceptable)				
	BROKE PINES FL 33027			83	 -					
						<u>-</u>				
				84	City	F	85 Zip	Code		
				<u> </u>	L	-	_ \	ragistered		
11. Pursuant	to the provisions of Sections[607.050 registered agent, or both, in the State	2 and 607.1508, Flori of Florida. Such chan	da Statutes, the ge was authori:	e abov zed by	e-named corporati	poration submits this statement for the purpose ion's board of directors. I hereby accept the app	ointment as re	egistered		
agent. I a	m familiar with, and accept the oblig	tions N. Section 607.	0505, Florida S	tatutes		al land)	ĺ		
SIGNATURE	TYNACA	0 44				<u> </u>				
	Signature, typed or printed name of the distance at	t and title if applicable.			nt signature require	ad when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	NO DIDECTO	7PS IN 12		
12.		D DIRECTORS		3.	 -	ADDITIONS/CHANGES TO OFFICERS A	[] Change	Addition		
TITLE	P ,	0 🗓 0		1 TITLE	1	,	C outrigo			
NAME	KAUFMAN, MARC			2 NAME				(
STREET ADDRESS			1.	3 STREE	TADDRESS			•		
CITY-ST-ZIP	PEMBROKE PINES FL 33027			4 CITY-S	T-ZIP		Change	Addition		
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NAME				2 NAME						
STREET ADDRESS			. 2.	3 STREE	ADDRESS					
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NAME			4.	2 NAME	.					
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CITY-ST-ZIP			4.	4 CITY-S	T-ZIP					
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CITY-ST-ZIP	·		5.	4 CITY-S	T-ZIP					
TITLE	 			1 TITLE			☐ Change	Addition		
NAME		 -	L.	2 NAME		•	_			
			6.	3 STREE	TADORESS			}		
STREET ADDRESS	1			4 CITY-8				}		
CITY-ST-ZIP	1				·"					

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: