

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 PM 3:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000042613 (7)

1. Corporation Name

A.R.R. CORPORATION

Principal Place of Business

7301 SW 132 AVE
MIAMI FL 33183

Mailing Address

7301 SW 132 AVE
MIAMI FL 33183

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
06/02/1994

3a. Date of Last Report

4. FEI Number
Applied for

☒ 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

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

DEL CARMEN DIAZ, LICET
7301 SW 132 AVE
MIAMI FL 33183

10. Name and Address of New Registered Agent

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 date of application)

(NOTE: Registered Agent signature required when completing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	DEL CARMEN DIAZ, LICET
STREET ADDRESS	7301 SW 132 AVE
CITY - ST - ZIP	MIAMI FL 33183
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Secretary President	☐ Change ☒ Addition
1.2 NAME	DIAZ, ANORES	
1.3 STREET ADDRESS	7301 SW 132 AVE	
1.4 CITY - ST - ZIP	MIAMI, FL 33183	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(g), 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 of this report, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb. 15, 1995 (305) 382-3138

* FILE NOW. FILING FEE AFTER MAY 1 IS \$225.00 *

APPROVED
AND
FILED

95 JUN -7 AM 4:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1994		 FLORIDA DEPARTMENT OF STATE Jan 20th Secretary of State DIVISION OF CORPORATIONS	
1. Corporation Name FLORIDA INVESTMENT CAPITAL CORPORATION 2355 SALZEDO STREET, SUITE 308-19 CORAL GABLES, FL 33134		DOCUMENT # P94000042630	
Mailing Address 2355 SALZEDO STREET, SUITE 308-19 CORAL GABLES, FL 33134			
If above addresses are correct in any way, the filer certifies information and data contained below			
2. Mailing Address 21 SAME		2a. Principal Place of Business 26 SAME	
22. State, Apt. #, etc.		27. State, Apt. #, etc.	
23. City & State		28. City & State	
24. Zip		29. Zip	
25. Country		30. Country	
3. Date Incorporated or Qualified 6/8/94			
3a. Date of Last Report			
4. FEI Number 65-0494771		5. Certificate of Status Desired \$8.75 Additional Fee Required ☐	
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees ☐		7. Nonprofit Exempt from \$138.75 Supplemental Fee ☐	
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No			
9. Name and Address of Current Registered Agent SANDRA LOPEZ 2355 SALZEDO STREET SUITE 308-19 CORAL GABLES, FL 33134		10. Name and Address of New Registered Agent 81 Name SANDRA LOPEZ 82 Street Address (P.O. Box Number is Not Acceptable) 2355 SALZEDO STREET 83 SUITE 308-19 84 City CORAL GABLES, FL 85 Zip Code 33134	
11. Pursuant to the provisions of Sections 607.0505 and 607.1508 or Sections 617.0505 and 617.1508, 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 or 617.0505, Florida Statutes.			
SIGNATURE <i>Sandra Lopez</i>		DATE 6/6/95	
12. OFFICERS AND DIRECTORS			
11 TITLE	PRESIDENT	13. CHANGES TO OFFICERS AND DIRECTORS IN 12	
12 NAME	SANDRA LOPEZ	11 TITLE	
13 STREET ADDRESS	2355 SALZEDO ST., SUITE 308-19	12 NAME	
14 CITY, ST, ZIP	CORAL GABLES, FL 33134	13 STREET ADDRESS	600001509466
15 TITLE		14 CITY, ST, ZIP	-06/09/95-01022-023
16 NAME		15 TITLE	****225.00 ****225.00
17 STREET ADDRESS		16 NAME	
18 CITY, ST, ZIP		17 STREET ADDRESS	
19 TITLE		18 CITY, ST, ZIP	
20 NAME		19 TITLE	
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28 NAME		27 STREET ADDRESS	
29 STREET ADDRESS		28 CITY, ST, ZIP	
30 CITY, ST, ZIP		29 TITLE	
31 TITLE		30 NAME	
32 NAME		31 STREET ADDRESS	
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35 TITLE		34 NAME	
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49 STREET ADDRESS		48 CITY, ST, ZIP	
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51 TITLE		50 NAME	
52 NAME		51 STREET ADDRESS	
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56 NAME		55 STREET ADDRESS	
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271 TITLE		270 NAME	
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282 CITY, ST, ZIP		281 TITLE	
283 TITLE		282 NAME	
284 NAME		283 STREET ADDRESS	
285 STREET ADDRESS		284 CITY, ST, ZIP	

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

APPROVED
AND
FILED

95 JUN -7 PM 3:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
AMEND 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Northam,
Secretary of State
DIVISION OF CORPORATIONS



DOCUMENT # P94000042717 (6)

1. Corporation Name

KAY CANDIES, INC.

Principal Place of Business Mailing Address
10189 Southwest 49 Manor 10189 Southwest 49 Manor
Cooper City FL 33328 Cooper City FL 33328

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		06/08/94	04/25/95
22 City & State		27 City & State		4. FEI Number	Applied For
23 Zip		28 Zip		65-0496896	Not Applicable
24 Country		29 Country		5. Certificate of Status Desired	\$8.75 Additional Fee Required
				☒ Yes ☐ No	\$5.00 May Be Added to Fees
				6. Election Campaign Financing Trust Fund Contribution	
				7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	

9. Name and Address of Current Registered Agent

Hazel M. Kerkorian
10189 Southwest 49 Manor
Cooper City, FL 33328

10. Name and Address of New Registered Agent

81 Name Harry - Kerkorian
82 Street Address (P.O. Box Number is Not Acceptable) 10189 Southwest 49 Manor
83
84 City Cooper City FL 85 Zip Code 33328

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 Harry Kerkorian, President Harry - Kerkorian, President May 22, 1995
(Signature of person named in block 10 as registered agent and who is acceptable) (NOTE: Registered Agent signature required when reappointing) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	☒ Change ☐ Addition
NAME	Kerkorian, Hazel M.	1.2 NAME	Kerkorian, Harry -
STREET ADDRESS	10189 Southwest 49 Manor	1.3 STREET ADDRESS	10189 Southwest 49 Manor
CITY - ST - ZIP	Cooper City, FL 33328	1.4 CITY - ST - ZIP	Cooper City, FL 33328
TITLE		2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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: Harry Kerkorian, President Harry - Kerkorian, Pres. 05/22/95 (305)-680-9231
(Signature and typed or printed name of signing officer or director) Date