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FILED

Apr 20 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P94000058610 (4)

1. Corporation Name

K.I.T. ENTERPRISES, CORPORATION



Principal Place of Business

Mailing Address

3846 N. UNIVERSITY DR.
SUNRISE FL 33351
US

3846 N. UNIVERSITY DR.
SUNRISE FL 33351
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/09/1994

4. FEI Number

65-0511870

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes

☐ No

2. Principal Place of Business

21 10470 N.W. 13

Suite, Apt. #, etc.

22 City & State

23 Hialeah Gardens, FL

24 Zip

25 33018

Country

26 U.S.

2a. Mailing Address

26 P.O. Box 126036

Suite, Apt. #, etc.

27 City & State

27 Hialeah, Florida

28 Zip

29 33012

Country

30 U.S.

9. Name and Address of Current Registered Agent

CRISTOBAL, NELSON
3846 N. UNIVERSITY DR.
SUNRISE FL 33351

10. Name and Address of New Registered Agent

81 Name

82 NELSON CRISTOBAL

83 Street Address (P.O. Box Number is Not Acceptable)

84 10470 N.W. 134 ST.

85 HIALEAH GARDENS

City

FL

86 Zip Code

33018

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

TITLE ☐ DELETE

NAME D
CRISTOBAL, NELSON
STREET ADDRESS 3846 N. UNIVERSITY DRIVE
CITY-ST-ZIP SUNRISE FL

TITLE ☐ DELETE

NAME D
CRISTOBAL, MANUEL
STREET ADDRESS 3846 N UNIVERSITY DR
CITY-ST-ZIP SUNRISE FL

TITLE ☐ DELETE

NAME D
CRISTOBAL, CARMEN
STREET ADDRESS 3846 N UNIVERSITY DR
CITY-ST-ZIP SUNRISE FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 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 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:

Carmen Cristobal

Carmen Cristobal

4-10-98 (305) 825-5845

CR2E034 (10/97)