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

PROFIT CORPORATION



FLORIDA DEPARTMENT OF STATE Sandra B Mortham

	Secretary of State 1996 DIVISION OF CORPORATIONS											
DOCUN	MENT#	P940000	75274 (8)			 !					
1. Corporation KANYA	Name CORPORATION	N	·	•			1 (180) (18) (18) (18) (18) (18) (18) (18) (18	 	131 JUNE 118			
Principa Place	of Business		Mailing Address		<u>.</u>							
14602 NW 13TH RD MIAMI FL 33167			14602 NW 13TH RD MIAMI FL 33167									
		•					3. Date Incorporated or Qualified 10/13/1994	3a. Date	of Last F 5/01/19	Report 95		
Principal Place of Business		2s 26	2a. Mailing Address 26			4. FEI Number 65-0529524		Applied For Not Applicable				
Suite, Apt. #	, etc.	27	Suite, Apt. #, etc.				5. Certificate of Status Desired	₹ ZK	\$8.7	5 Additional Required		
Gity & State	!	28	City & State				Election Campaign Financing Trust Fund Contribution			May Be		
7φ 24	Co.ir 25	ntry 29	Zip	30 Cou	untry	r	8. This corporation has liability for Florida Statutes	intangible ta				
	Name and Add	fress of Current Regi	stered Agent				10. Name and Address of New I	Registered	Agent			
HOWAD	n DETTV				81	Name						
Howard, Betty 14602 NW 13th RD Miami FL 33167			82			Street Add	ress (P.O. Box Number is Not Acceptable)					
						·			85 Zip Code			
11. Pursagnt to	o the provisions of Se	ctions 607.0502 and 6	07.1508, Florida Sta	tutes, the abo	84 ove-r	City	pration submits this statement for the pu	FL rpose of cha		-		
SIGNATURE					ove-r corp	named corpo oration's boa	oration submits this statement for the pu and of directors. I hereby accept the app	rpose of cha continent as		-		
SIGNATURE	Signature , type of or painted that	ctions 607.0502 and 6the State of Florida. Suci igations of, Section 607 the of registrat agent and the in-	r apą licame		ove-r corp	named corpo oration's boa	oration submits this statement for the pu and of directors. I hereby accept the app and when reinstating! ADDITIONS/CHANGES TO OFF	rpose of cha cointment as	anging its registered	registered offici d agent. I am		
SIGNATURE	Synthes, type or or printed car	oe of regisseral agent and the P OF FICERS AND DIRE	r apą licame	(NOTE Registerer	DVE-F CORP	named corpo oration's boa	red when reinstating)	rpose of cha cointment as DATE FICERS AND	anging its registered	registered offic d agent. I am		
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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 119.07(3)(k), 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.

BETTY HOWARD, President

02/17/96

Daytime Phone #