

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P94000077115 (1)**

1. Corporation Name

S.S.K. CORPORATION



Principal Place of Business

Mailing Address

**1825 PONCE DE LEON BLVD.
SUITE 197
CORAL GABLES FL 33134
US**

**1825 PONCE DE LEON BLVD.
SUITE 197
CORAL GABLES FL 33134
US**

3. Date Incorporated or Qualified

10/20/1994

3a. Date of Last Report

05/22/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

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4. FEI Number

65-0527678

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. 199.042,
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LEVIS, MARGARITA E
1825 PONCE DE LEON BLVD. SUITE 197
CORAL GABLES FL 33134**

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 title, if applicable

Signature, typed or printed name of registered agent and title, if applicable

DATE

12. OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

DPST

☐ DELETE

NAME

LEVIS, MARGARITA E

STREET ADDRESS

327 ALHAMBRA CIR #52

CITY-ST-ZIP

CORAL GABLES FL 33134

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-12-96

(30) 299-3467

CR2E034 (12/95)