

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

FILED
Jan 15 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 # P95000043371 (0)

1. Corporation Name
M.B.K., INC.



Principal Place of Business
707 NW 177TH AVE
PEMBROKE PINES FL 33029

Mailing Address
707 NW 177TH AVE
PEMBROKE PINES FL 33029

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	
21	707 NW 177 ave	26	same as above
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22		27	
City & State		City & State	
23	Pembroke Pines	28	
Zip	Country	Zip	Country
24	33029	25	Broward
29		30	

3. Date Incorporated or Qualified 05/31/1995	
4. FEI Number 65-0585914	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	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
ROBERTS, MICHAEL R 707 NW 177TH AVE PEMBROKE PINES FL 33029		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 *Beatriz C Roberts, Treasurer* DATE *January 6, 1998*
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☐ DELETE	1.1 TITLE	☐ Change ☒ Addition
NAME	ROBERTS, BEATRIZ	1.2 NAME	<i>Vice President</i>
STREET ADDRESS	707 NW 177TH AVE	1.3 STREET ADDRESS	<i>Robert Trunzo</i>
CITY - ST - ZIP	PEMBROKE PINES FL 33029	1.4 CITY - ST - ZIP	
TITLE	D ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	ROBERTS, MICHAEL	2.2 NAME	
STREET ADDRESS	707 NW 177TH AVE	2.3 STREET ADDRESS	
CITY - ST - ZIP	PEMBROKE PINES FL 33029	2.4 CITY - ST - ZIP	
TITLE	SD ☒ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	VALDEZ, TRINO	3.2 NAME	
STREET ADDRESS	5490 E. 2ND AVE.	3.3 STREET ADDRESS	
CITY - ST - ZIP	HIALEAH FL 33013	3.4 CITY - ST - ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	☐ DELETE	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 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: *Beatriz C Roberts*

1/16/98

CR2E034 (10/97)