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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000075152 (5)

EHK. INC.

Principal Place of Business Mailing Address	
ARA MANUSCHI ATTARPE	i Antili masin kasili darili shabin dalah tilahi dilila olah kedi
800 NORTHEAST 36TH STREET 600 NORTHEAST 36TH STREET	
APT. 1210 APT. 1210	
MIAMI FL 33137 MIAMI FL 33137-3938 3. Date Incorporated c	or Qualified 3a. Date of Last Report
09/28/1995	04/18/1996
2. Principal Place of Business 2a. Mailing Address 4. FEI Number APPLIED FOR	65-073533A Applied For Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 5, Certificate of Status	Desired S8.75 Additional Fee Required
City & State City & State 6. Election Campaign	
23 Zip Country Zip Country 8 This corporation has	s liability for intangible tax under s. 199.032,
24 25 29 30 Florida Statutes	Yes No
	s of New Registered Agent
CORPORATION SERVICE COMPANY 81 Name	
* 1201 HAYS STREET 82 Street Address (P.O. Box Number is N	lot Acceptable)
• TALLAHASSEE FL 32301-2525	
84 City	S Zip Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statem office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. If sagent, I arri familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature by entire printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGE	DATE
	ES TO OFFICERS AND DIRECTORS IN 12 Change Addition
THEE P L. DELETE 1.1 TITLE	
HIRINGED CITARETH	Emil Oliginge Emil Addition
NAME HUBINGER, ELIZABETH 12 NAME	Land Olimite Land Montoli
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14. I do 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 application 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 of with ampowered 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 attack pure state an address.

5.4 CITY-ST-ZIP

63 STREET ADDRESS

64 CITY-ST-ZIP

6.1 TITLE

6 2 NAME

SIGNATURE:

CHY-ST-7P

STREET ADDRESS

C(TY - \$1 - 2)²⁾

TITLE NAME

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ DELETE

17 (305) 573-7660

Addition

FILED

Apr 04 1997 8:00am

Secretary of State