PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P95000079422 1. Corporation Name

KMM (USA), INC.

Principal Place of Business

Mailing Address

Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90186 034 ***150.00



C/O DOLLY COHAN. PHULWANI & LEVINE 777 LANTANA RD LANTANA FL 33462		777	C/O DOLLY COHAN. PHULWANI & LEVINE 777 LANTANA RD LANTANA FL 33462				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 10/16/1995				
2. Principal Pl	ace of Business	2a.	Mailing Address Coha	/1	•.	4. FEI Numb	er			Applied For	
21 88 Dalle	Coloin Dalate H.	2000 26	ODOlly Coha	n Was	MON.	2000 65-0625	464		1	Not Applicable	
Suite, Apt		21	Suite, Apt detc.	L	eu)		of Status Desired			Additional Required	
City & State			City & State			1	ampaign Financing	Ţ. []	•	May Be	
Zip	Country		Zip	Country		8. This corpo	ration owes the curr	ent vear Inta	ıngible		
24	25	29		10		,	Property Tax.	•	∐Yes	No	
	9. Name and Address of C					10. Name and	Address of New F	legistered /	gent		
				81	Name						
COHAN, DOLLY C/O PHULWANI- & LEVINE Wayne M. LEVINE LAW 777 LANTANA RD					Street Ad	idress (P.O. Box Nu	ımber is Not Accepta	ible)			
777 LANTANA PO				83							
Lantana FL 33462				33							
				84	City			FL		Code	
office or re	to the provisions of Sections 60 egistered agent, or both, in the m familiar with, and accept the	State of Florida	a. Such change was aut	попиеа ру	tne corpora	orporation submits the ation's board of dire	nis statement for the ctors. I hereby accer	purpose of one of the appoir	changing i itment as	ts registered registered	
SIGNATURE								DATE			
	Signature, typed or printed name of register	RS AND DIREC	, , , , , , , , , , , , , , , , , , , ,	13.	nt signature requ	urred when reinstating)	S/CHANGES TO OF		D DIRECT	TORS IN 12	
12.		NO AND DIREC	DELETE	1.1 TITLE		0/5/0	<u> </u>		Change		
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CITY-ST-ZIP	ETTLINGEN, GERMANY		T) DELETE	1.4 CITY-S 2.1 TITLE	T-ZIP V	700.		··· <i>)</i> ~	Chang	Addition	
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NAME				2.2 NAME							
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CITY-ST-ZIP				2. 4 CITY-	ST-ZIP				Change	Addition	
TITLE			☐ DELETE	3.1 TITLE					□ Charig	- ["] V00(00))	
NAME				3.2 NAME	ļ						
STREET ADDRESS				3.3 STREE	T ADDRESS						
CITY-ST-ZIP				3.4. CITY-	ST-ZIP				[7] Char-	e Addition	
TITLE			☐ DELETE	4.1 TITLE					Chang	e Madinou	
NAME				4. 2 NAME							
STREET ADDRESS				4.3 STREE	T ADDRESS						
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TITLE			☐ DELETE	5.1 TITLE					☐ Chang	e	
NAME				5.2 NAME							
STREET ADDRESS				5.3 STREE	T ADDRESS						
CITY-ST-ZIP				5 4 CITY- 8	ST-ZIP						
TITLE			☐ DELETE	6.1 TITLE					☐ Chang	e 🔲 Addition	

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 depelemental annual report/s 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 corpus for the receiver or frustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in indicated on this annual report or officer or director of the corpora Block 12 or Block 13 if chan

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS