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

FILED
May 12 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998

Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000049493

1. Corporation Name
OKY INC.

[redacted]

Principal Place of Business	Mailing Address
812 CRESTVIEW CIR. WESTON, FL. 33327	SAME

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	
21 812 CRESTVIEW CIR	26 812 CRESTVIEW CIR	65-0627434	Applied For / Not Applicable
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
23 City & State: WESTON, FL.	28 City & State: WESTON, FL.	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
24 Zip: 33327 25 Country: USA	29 Zip: 33327 30 Country: USA	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
LESBIA ROBITSCHEK 812 CRESTVIEW CIR WESTON, FL. 33327	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 Section 607.1403 and 617.1905, Florida Statutes, the for-profit corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE: [signature]

12.	13.
NAME: LESBIA ROBITSCHEK (President) 812 CRESTVIEW CIR WESTON, FL. 33327	13. NAME
TITLE: JOSE BATISTA (V.P.) ☐ DELETE NAME: 812 CRESTVIEW CIR STREET ADDRESS: CITY-ST-ZIP: WESTON FL 33327	2.1 TITLE ☐ Change ☐ Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP
TITLE: DAVID ROBITSCHEK (SEC.) ☐ DELETE NAME: 10000 STIRLING RD, SUITE 5 STREET ADDRESS: CITY-ST-ZIP: COOPER CITY, FL 33024	3.1 TITLE ☐ Change ☐ Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP
TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP	4.1 TITLE ☐ Change ☐ Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP
TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP	5.1 TITLE ☐ Change ☐ Addition 800002524285 -05/14/98--01112--030 ***150.00 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP
TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP	6.1 TITLE ☐ Change ☐ Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

CR2E 034 (1/96)

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 added in an appropriate manner.

SIGNATURE: [signature]