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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## FILED May 01, 1999 8:00 am Secretary of State 05-01-1999 90031 042 \*\*\*158.75

DOCUMENT # P9600009148  1. Corporation Name	
KARDAYVAL CORPORATION	

	VAL CONFUNATION					_			
Principal Place	e of Business	Mail	ing Address		,		[ ] <b>[ ] [ ] [ ] [ ] [ ] [ ]</b> [ ] [ ] [ ] [ ]		
19006 NW 10TH MIAMI FL 3316			6 NW 10TH AVENUE AI FL 33169						
US							DO NOT WRITE IN THIS	SSPACE	
							3. Date Incorporated or Qualifed		
			M. W Address				01/26/1996 4. FEI Number		pplied For
	Place of Business	<del> </del>	Mailing Address				65-0641745		ot Applicable
21 Cuito Ant	#	26	Suite, Apt. #, etc.				03-0041743		Additional
Suite, Apt.	#, etc.	27	Suite, Apr. #, etc.		<u>~</u>		5. Certifcate of Status Desired		tequired
22 City & Stat	,		City & State				6. Election Campaign Financing	\$5.00	May Be
23		28	,				Trust Fund Contribution		to Fees
Zip	Country		Zip	Cou	untry		8. This corporation owes the current year Ir	tangible	
24	25	29	,	30			Personal Property Tax.	☐Yes	□ No
	g. Name and Address of Curre		red Agent		T		10. Name and Address of New Registered	l Agent	
		•			81	Name			
MAR	RCEL, YVANNE				82	Stroot Addre	ess (P.O. Box Number is Not Acceptable)		
1	06 NW 10TH AVENUE				102	Olleet Addit			
MIAI	MI FL 33169				83				
					104	<b>D'</b> 1.	<del> </del>	85 Zip	Code
					84	City	· Fl	_  65  Zip	Code
l office or r	registered agent, or both, in the Stat am familiar with, and accept the obli-	e of Florida	ı. Such change was a	autnorize	a by t	tne corporatio	oration submits this statement for the purpose on's board of directors. I hereby accept the appo	f changing it bintment as r	s registered egistered
SIGNATURE	Signature, typed or printed name of registered a	gent and title if	applicable. (NOTE	E: Registered	d Agent	t signature required			
12.	OFFICERS A	ND DIREC		13.			ADDITIONS/CHANGES TO OFFICERS A	ND DIRECT Change	
TITLE	D		☐ DELETE	1.1 T	TILE		-		
NAME	MARCEL, YVANNE					Į.			
STREET ADDRESS					AME	]		☐ o.ug-	
I	l e				AME	ADDRESS			
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CITY-ST-ZIP	· ·	<u></u>	( DELETE	1.3 S 1.4 C 2.1 T 2.2 N	TREET  OTY-ST  TILE  LAME	7-Z1P			_
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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, with all other like empowered.

SIGNATURE: