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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # P9600023015

Principal Place of Business	Mailing Address
9840 CARIBBEAN BOULEVARD MIAMI FL 33189	9840 CARIBBEAN BOULEVARD MIAMI FL 33189

FILED Feb 26, 1999 8:00 am Secretary of State

02-26-1999 90009 050 ***150.00

Corporation KUVALA	'S SERVICES, INC.	020010		1 - 4 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		(88) 4 (4) (8 4)
Principal Pioor	o of Business	Mailing Address		I HODA ŠOVI KIO TOVA DIVIJ DOKUT āt ija badīvīdī	ili s im ess ilini oblas i	ISO CHI IOCI.
Principal Pface 9840 CARIBBEA		9840 CARIBBEAN BOULEVARD				
MIAMI FL 33189 MIAMI FL 33189		DO NOT WRITE IN THIS SPACE				
				3. Date Incorporated or Qualifed	113 SFACE	
				03/13/1996		
2 Principal Pl	lace of Business	2a. Mailing Address		4. FEI Number	App	lied For
21		26		65-0648759	Not	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 A	
22		27		5. Certificate of Status Desired	Fee Red	quired
City & State	е	City & State		6. Election Campaign Financing	\$5.00	, ,
23		28		Trust Fund Contribution	Added to	Fees
Zip	Country	Zip	Country	8. This corporation owes the current year		□No
24	9. Name and Address of Curren	29 30	<u> </u>	Personal Property Tax. 10. Name and Address of New Register		
	9. Name and Address of Curren	t registered Agent	81 Name	A	202	
AME	RILAWYER CHARTERED		20 20 10 11	HATHONY BERNA	*(1)	
343	ALMERIA AVENUE		82 Street Add	ress (P.O.Box Number is Not Acceptable)	Ste 10	5
COR	IAL GABLES FL 33134		83			
			84 City A A		85 Zip C	ode -
			101		.r 133	57_
11. Pursuant	to the provisions of Sections 607.050	2 and 607,1508, Florida Statutes,	the above-named corr	poration submits this statement for the purpose ion's board of directors. I hereby accept the ap	of changing its	registered istered
office of r	egistered agent, or both, in the State	or Florida. Such change was auti	ionzed by the corporati	ion's board of directors. Thereby accept the ap	pontanoni do reg	,
agent. I a	m familiar with, and accept the o <u>bl</u> iga	tions of, Section 607.0505, Florid	a Statutes	11 -		• _
_	m familiar with, and accept the obliga Anthony Be	tions of, Section 607.0505, Florid	a Statutes	the Rem	1/5/9	9.
SIGNATURE	Anthony Be Signature, typed or printed name of bigistered agent	tions of, Section 607.0505, Florid RNARI) It and title if applicable. (NOTE: Re	a Statutes ogistered Agent signature require	the Remediate DATE	1/5/9	9.
SIGNATURE	An +hony Be Signature, typed or printed name of begistered agen OFFICERS AN	tions of, Section 607.0505, Florid (NOTE: Re D DIRECTORS	a Statutes agistered Agent signature require 13.	the Rem	1/5/9	9.
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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 emporated 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.

6.4 CITY-ST-ZIP

- ZED SIGNATURE: X SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR