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 13, 1999 8:00 am Secretary of State

05-13-1999 90031 016 ***150.00

DOCUMENT # P96000026025 (2) 1. Corporation Name									
N. K. INTERNATIONAL, INC.						243130 - 20001 - 0			
Principal Place	e of Business	Mailing Add	dress						
	OFF4 CW 40th Ct	moot (0554 CW	40+h	Otroct	j			
9554 SW 40th Street 9554 SW 40th Street Miami, Fl 33165 Miami, Fl 33165									
MIAMI, PI 33103 MIAMI, PI 33103					כסו	DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualifed	03/1	19/96	
2 Principal P	lace of Business	2a. Mailing Address				4. FEI Number		plied For	4
21	lace of dualifess	26				65-0660013	<u> </u>	ot Applicable	1
Suite, Apt. #, etc.		Suite, Apt. #, etc.				_	\$8.75		1
22		27				5. Certifcate of Status Desired	Fee Re		
City.&.Stat	e	City.&.State				-6Election Campaign Financing—	\$5.00	- Mav Be	1_
23		28				Trust Fund Contribution Added to Fees			
Zip	Country	Zip Country				This corporation owes the current year Intangible			7
24	25	29	3	10		Personal Property Tax.	X Yes	□No	
	9. Name and Address of Current	Registered Ac	gent		T	10. Name and Address of New Registere	ed Agent		4
				81	Name				
JOSE I. CUE					Street Addres	ss (P.O. Box Number is Not Acceptable)	·		1
9554 SW 40th Street				-					4
	Miami, Fl 33165			83					
				84	City		. 85 Zip (Code	1
44 D	607 0502		Florido Ctatutas	the show		Fating automite this statement for the gurpage		rogistored	4
office or re	egistered agent, or both, in the State of m familiar with, and accept the obligation.	Florida. Such	change was auti	horized by la Sjatutes	the corporation	ration submits this statement for the purpose 's board of directors. I hereby accept the ap	pointment as re	gistered	
SIGNATURE	JOSO T Cuo Pro	وخداههم	for	7	ie	when reinstating) DATE	9		
	Signature Type for printed name of registered agents		(NOTE. R	eģistered Agen	t signature required w	ADDITIONS/CHANGES TO OFFICERS		IDC IN 12	1 8
12.			DELETE	1.1 TITLE		ADDITIONS/CHANGES TO OFFICERS	Change	Addition	11/08)
NAME	President			1.2 NAME	}				7
STREET ADDRESS	JOSE I. CUE			1.3 STREET	ADDRESS				8
CITY-ST-ZIP	Jost BW 40cm Beleec			1.4 CITY-S					5
TITLE	Miami, Fl 33165			2.1 TITLE			Change	Addition	5
NAME	Secretary			2.2 NAME					
STREET ADDRESS	JOSE I. CUE 9554 SW 40th Street			2.3 STREET	ADDRESS				
CITY-ST-ZIP				2.4 CITY-S					
TITLE	<u>Miami, Fl</u> 33165		DELETE -	3.1 TITLE -			Change .		-
NAME				3.2 NAME					
STREET ADDRESS				3.3 STREET	ADDRESS				
CITY-ST-ZIP				3.4. CITY-S	T-ZIP				_
TITLE			DELETE	4.1 TITLE		··· ·	☐ Change	☐ Addition	
NAME				4. 2 NAME					
STREET ADDRESS				4.3 STREET	ADDRESS				
CITY-ST-ZIP				4.4 CITY-S	T- ZIP			<u>— — — — — — — — — — — — — — — — — — — </u>	-
TITLE			☐ DELETE	5.1 TITLE	}		☐ Change	Addition	}
NAME				52 NAME	400000			İ	ĺ
STREET ADDRESS				5.3 STREET	ĺ				
CITY-ST-ZIP			☐ DELETE	5.4 CITY-ST 6.1 TITLE	- ZIP		Change	Addition	1
TITLE				6.2 NAME	+		☐ Change		j
NAME				6.3 STREET	ADDRESS				
STREET ADDRESS				6.4 CITY-S1					
CiTY-ST-ZIP				.					1

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: Jose I. Cue, president SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

 $4\sqrt{26/99} - 305_{\text{Day}} - 26_{\text{ne}} + 7534$