FILED Apr 05, 1999 8:00 am Secretary of State

04-05-1999 90027 014 \*\*\*158.75

## 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** 

## DOCUMENT # P96000044317

1. Corporation Name

Z. & K. ASSOCIATES, INC.

| 2. 4.10              | AUGOGIATEG, ING.                                  |  |  |   |                    |  |                  |           |   |
|----------------------|---|--|--|---|--------------------|--|------------------|-----------|---|
| Principal Plan       | ce of Business                                    | Mailing Address                                |  |   |                    | - 1 1881:1881 318 19118 91111 89115 68       |                  |           | 1 HUMAN 1884                                  |
| 14000 SW 140         |   | 14000 SW 140 ST                                | · · · · · · · · · · · · · · · · · · ·                              |   |                    |  |                  |           |   |
| MIAMI FL 3318        |   | MIAMI FL 33186                                 |  |   |                    |  |                  |           |   |
|                      |   |  |  |   |                    | DO NOT WRI                                   | TE IN THIS       | SPACE     | . <u>.                                   </u> |
|                      | -   |  |  |   |                    | 3. Date Incorporated or Qualifed 05/23/1996  | · -              |           | - <del>-</del>                                |
| 2. Principal F       | Place of Business                                 | 2a. Mailing Address                            | 2a. Mailing Address  |   |                    | 4. FEI Number                                |                  | Α         | oplied For                                    |
| 21                   |   | 26   | 26   |   |                    | 65-0668817                                   |                  | N         | ot Applicable                                 |
| Suite, Apt. #, etc.  |   | Suite, Apt. #, etc.                            | Suite, Apt. #, etc.  |   |                    | 5. Certifcate of Status Desired              | 1                |           | Additional                                    |
| 22                   |   | 27   |  |   |                    | 5, Certificate of Status Desired             | #CJ              | Fee R     | equired                                       |
| City & Sta           | te  | City & State                                   |  |   |                    | 6. Election Campaign Financing               | $\Box$           |           | May Be  |
| 23                   |   | 28   |  |   |                    | Trust Fund Contribution                      |                  | Added     | to Fees                                       |
| Zip                  | Country   | Zip  | Con  | intry   |                    | 8. This corporation owes the curre           | ent year Int     |           | Г¬  |
| 24                   | [25]  | 29   | 30   | 1   |                    | Personal Property Tax.                       |                  | Yes       | □No   |
|                      | 9. Name and Address of Curre                      | ent Registered Agent                           |  | 24  | N1                 | 10. Name and Address of New F                | egistered        | Agent     |   |
| VII.                 | AN, BIBI Z  |  |  | 81  | Name               |  |                  |           |   |
|                      | 31 S.W. 76TH ST.                                  |  |  | 82  | Street Addre       | ss (P.O. Box Number is Not Accepta           | ble)             |           |   |
|                      | MI FL 33183                                       |  |  |   |                    |  |                  |           | W   |
| MIM                  | WII FL 33 163                                     |  |  | 83  |                    |  |                  |           |   |
|                      |   |  |  | 84  | City               |  |                  | 85 Zip    | Code  |
|                      | to the provisions of Sections 607.05              |  |  |   | •                  |  | <u> </u>         |           |   |
| SIGNATURE            | Signature, typed or printed name of registered ag | ent and title if applicable. (NOT ND DIRECTORS | E: Registered  | Agent   | signature required | when reinstalling)  ADDITIONS/CHANGES TO OFF | DATE<br>TOERS AN | D DIRECTO | DRS IN 12                                     |
| TITLE                | PD  | DELETE   | 1.1 11   | rle   |                    |  |                  | Change    | ☐ Addition                                    |
| NAME                 | KHAN, BIBI Z                                      |  | 1,2 N  | ME  |                    |  |                  |           |   |
| STREET ADDRESS       | ACADA CIMI TOTILI OT                              |  | 1.3 \$1  | REET  | ADDRESS            |  |                  |           |   |
|                      | MIAMI FL 33183                                    |  |  | TY-ST-  |                    |  |                  |           |   |
| CITY-ST-ZIP          | VD  | ☐ DELETE                                       | 2.1 TITLE  |   |                    |  |                  | Change    | Addition                                      |
| NAME                 | KHAN, SHAHEED                                     |  | 2.2 NAME   |   |                    |  |                  |           |   |
| STREET ADDRESS       | 40404 CW ZOTH CT                                  |  |  |   | ADDRESS            |  |                  |           |   |
|                      | MIAMI FL 33183                                    |  |  | TY-ST   |                    |  |                  |           |   |
| CITY-ST-ZIP          | D   | ☐ DELETE                                       | 3.1 TITLE  |   |                    |  |                  | Change    | Addition                                      |
| NAME                 | OUNG, CHAMRONG                                    |  | 3.2 N  |   |                    |  |                  |           |   |
| STREET ADDRESS       | AGAGA CIM TOTIL OT                                |  | 1  |   | ADDRESS .          |  |                  |           |   |
|                      | MIAMI FL 33183                                    |  |  | TY-ST   |                    |  |                  |           |   |
| CITY-ST-ZIP<br>TITLE | SD  | ☐ DELETE                                       | 4.1 TI   |   | - 211              |  |                  | Change    | ☐ Addition                                    |
| NAME                 | KHAN, ZOBEEDA                                     |  | 4. 2 N   |   | -   -              |  |                  | -         | _   |
| STREET ADDRESS       | ANADA O MI TOTULOT                                |  |  |   | ADDRESS            |  |                  |           |   |
| CITY-ST-ZIP          | MIAMI FL 33183                                    |  | 4.3 %  |   |                    | ÷ .  |                  |           |   |
| TITLE                |   |  |  |   | .ZIP               |  |                  |           |   |
| NAME                 |   | · DELETE                                       | 4.4 CI   | TY-ST   | -ZIP               |  |                  | ☐ Change  | ☐ Addition                                    |
| STREET ADDRESS       |   | · DELETE                                       |  | TY-ST   | - ZIP              |  | <u></u>          | Change    | ☐ Addition                                    |
| DINEE! MODINESS      |   | · DELETE                                       | 4.4 Cf<br>5.1 TT<br>5.2 N∕   | TY-ST-<br>TLE<br>MME                            | ADDRESS            | · .  | . <del>.</del>   | Change    | Addition                                      |
| CITY ST ZID          |   | · DELETE                                       | 5.1 TT<br>5.2 NA<br>5.3 ST   | TY-ST-<br>TLE<br>MME                            | ADDRESS            | · .  |                  | ☐ Change  | ☐ Addition                                    |
| CITY-ST-ZIP          |   | DELETE   | 5.1 TT<br>5.2 NA<br>5.3 ST   | TY-ST-<br>TLE<br>ME<br>REET A                   | ADDRESS            |  |                  | ☐ Change  | ☐ Addition                                    |
| TITLE                |   |  | 4.4 CI<br>5.1 TT<br>5.2 №<br>5.3 ST<br>5.4 CI                      | TY-ST-<br>TLE<br>MME<br>REET /<br>TY-ST-<br>TLE | ADDRESS            |  |                  |           |   |
|                      |   |  | 4.4 CI<br>5.1 TT<br>5.2 Nz<br>5.3 ST<br>5.4 CI<br>6.1 TT<br>6.2 Nz | TY-ST- TLE TME TY-ST- TLE TME                   | ADDRESS            |  |                  |           |   |

14. 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.

6.4 CITY-ST-ZIP

SIGNATURE: \_

CITY-ST-ZIP

305 256-6997