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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9600050401 (4)

KD CALEVRO, CORP.

FILED Apr 21 1998 8:00am Secretary of State



| Principal Place of Business Mailing Address | | | | | (1001/ED) (10 (31)/C OLIV ODIV) EDIV ODIV | 81111 90 111 410 11 4 | /#191 1961 |
|---|---|---|---------------------|--------------------------------|--|---|---------------------------------|
| 1306 S STATE RD 7 SUITE B FT LAUDERDALE FL 33317 | | 1306 S STATE RD 7 SUITE B FT LAUDERDALE FL 33317 | | DO NOT WRITE IN TH | IS SPACE | | |
| | | | | | 3, Date Incorporated or Qualified 06/10/1996 | | |
| 2. Principal Pi | ace of Business | 2a, Mailing Address | | | 4. FEI Number | | Applied For |
| 21 | | 26 | 26 | | 65-0690411 | | Not Applicable |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | Suite, Apt. #, etc. | | 5. Certificate of Status Desired | . | Additional Required |
| City & State | | City & State | | 6. Election Campaign Financing | Election Campaign Financing \$5.00 May Be Trust Fund Contribution | | |
| 23 Zip | Country | Zip | Country | | 8. This corporation owes or has paid the | | |
| 24 | 25 | 29 | 30 | | Personal Property Tax due June 30. | | □ No |
| =-, | 9. Name and Address of Currer | nt Registered Agent | | | 10. Name and Address of New Register | ed Agent | |
| | MBROWSKI, MICHAEL | | 8 | 1 Name | | | |
| 3225 MCKINILEY ST HOLLYWOOD FL 33021 | | | 82 Street Add | | Address (P.O. Box Number is Not Acceptable) | | |
| 110 | LEIWOOD I E SSUEI | | 8 | 3 | | | |
| | | | 8 | 4 City | | 85 Zi | p Code |
| Mice of the | to the provisions of Sections 602,050 egistered agent, or hoth, in the State in familiar with, and accept the oblig | ∟of Elorida. Such changê was | authorized t | ov the corp | corporation submits this statement for the purpos oralion's board of directors. I hereby accept the a | of changing appointment a | its registered as registered |
| SIGNATURE | Signature, typed or printed hence of registered ap- | | | gent signature | required when reinstating) DAT | | |
| 12. | OFFICERS AN | | 13. | — | ADDITIONS/CHANGES TO OFFICERS A | | |
| TITLE | PDT Dombrowski, Michael | L] DELETE | 1,1 TITLE | - 1 | | Change | e Addition |
| NAME | 3225 MCKINLEY ST | | 1.2 NAM: | ET ADDRESS | | | |
| STREET ADDRESS | HOLLYWOOD FL | | 1.4 CITY | | | | |
| CITY-ST-ZIP TITLE | VPSD | DÉLETE | 2.1 TITLE | | | Change | e 🔲 Addition |
| NAME | DOMBRAWSKI, KELLY | | 2.2 NAM | 1 | • | _ , | |
| STREET ADDRESS | 3225 MCKINLEY | | ľ | ET ADDRESS | | | |
| CITY-ST-ZIP | HOLLWOOD FI | | 2, 4 City | - \$1 - ZIP | | | |
| TITLE | | DELETE 3.17 | | | | Change | e Addition |
| NAME | | | 3.2 NAM | r | | | ľ |
| STREET ADDRESS | | | 3.3 S1RE | ET ADDRESS | | | ł |
| CITY-ST-ZIP | | · · · · · · · · · · · · · · · · · · · | 3.4 CH1Y | | | — <u>— </u> | |
| TITLE | | L_J DELETE 4.1 | | į. | | L.J. Change | e 🔲 Addition |
| NAME | | | 4. 2 NAM | | | | |
| STREET ADDRESS | | | | ET ADDRESS | | | |
| CITY-ST-ZIP | | DELETE | 4.4 CITY - | | | Change | Addition |
| TITLE NAME | | £ J beer it | 5.1 Httl | 1 | | change | |
| STREET ADDRESS | • | | | E1 ADDRESS | | | |
| CITY-ST-ZIP | | | 5.4 CITY | | | | |
| TITLE | | DELETE | 6.1 TITLE | | | Change | Addition |
| NAME | | | 6.2 NAM | ì | | • | Ì |
| STREET ADDRESS | | | 6 3 S1RF | FT AUDRESS | | | i |
| CITY-ST-ZIP | 1. | | 6.4 C/TY | · ST • ZIP | | | } |
| 44 horoby c | partifu that the information complied | id Athie Jung doos not outslift | | | d in Section 119 07(3)(i) Florida Statutes, Lifurther | cedify that the | he information |

r nereby certify that the importance supplied will place not quality for the exception stated in Section 119.07(3)(i). Florida Statutes. I further certify that the informationated on this annual report is supplied in all 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 of the receipt or trusted 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 plan all applicant with an address.