

650 487 6059 2  
SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE: \$550).

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P96000050401

1. Corporation Name  
KD CALEVRO, CORP.

Principal Place of Business  
1306 S STATE RD 7 SUITE B  
FT LAUDERDALE FL 33317

Mailing Address  
1306 S STATE RD 7 SUITE B  
FT LAUDERDALE FL 33317

FILED

99 AUG 20 AM 11:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

3. Date Incorporated or Qualified

06/10/1996

4. FEI Number

65-0690411

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year  
Intangible Personal Property.

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DOMBROWSKI, MICHAEL  
3225 MCKINLEY ST  
HOLLYWOOD FL 33021

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.

SIGNATURE Michael Dombrowski

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

7/12/99

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME DOMBROWSKI, MICHAEL  
STREET ADDRESS 3225 MCKINLEY ST  
CITY-ST-ZIP HOLLYWOOD FL

☐ DELETE

TITLE VPSD  
NAME DOMBROWSKI, KELLY  
STREET ADDRESS 3225 MCKINLEY  
CITY-ST-ZIP HOLLYWOOD FL

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

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CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

800002974688--2  
-08/31/99--01052--002  
\*\*\*\*\*550.00 \*\*\*\*\*550.00

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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. 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 as an attachment with an address.

SIGNATURE: Michael Dombrowski

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/12/99 954 931 7176

CR2E034 (5/99)

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**KD CALEVRO CORPORATION**

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3225 McKinley Street ~ Hollywood Florida 33021 ~ USA  
Phone (954) 931-7176 ~ Fax 986-1358 ~ Email KDsk308@aol.com

July 31, 1999

DIVISION OF CORPORATIONS  
ANNUAL REPORTS FILINGS  
PO BOX 1500  
TALLAHASSEE FL 32302-1500

To whom it may concern,, 2

I received a second notice in reference to my corporate report. I sent the first notice in with payment on 2/16/99 check number 145. I am sending you a second check for the amount requested. I would respectfully request that the late penalty be waved due the loss of the first payment. It was my fault for not noticing the check not clearing in my account book. However you may still receive the first payment someday. Once again I did sent you the first payment on time and you did not receive it. I respectfully request the penalty payment be waved. Thank you in advance for you help.

Sincerely,



MICHAEL DAVID DOMBROWSKI  
PRESIDENT KD CALEVRO CORPORATION

Account ID: FEI # 65-0690411