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PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000054153 (7)

KS'S TOURS AND TRANSPORT, INC.

Principal Place of Business Mailing Address 900 N.E. 18TH AVE. 900 N.E. 18TH AVE. FT. LAUDERDALE FL 33304 FT. LAUDERDALE FL 33304 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/25/1996 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For 65-0676610 Not Applicable 21 26 Suite, Apt #, etc. Suite, Apt. #, etc. \$8.75 Additional \Box 5. Certificate of Status Desired Fee Required 22 27 City & State City & Stale \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Country Zφ Country Zip This corporation owes or has paid the current year Intangible ☐ Yes 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name BADRUDDIN, KARIM 900 N.E. 18TH AVE. 82 Street Address (P.O. Box Number is Not Acceptable) #604 83 FT. LAUDERDALE FL 33304 84 **B**5 Zip Code 11. Pursuant to the provisions of 2/19/98 KARIM BADRIDDIN SIGNATURE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 OFFICERS AND DIRECTORS DELETE Change Addition TITLE 1.1 TITLE UMESH, HARNAL S. NAME 1.2 NAME 11211, S. MILITARY TRAIL, #3622 1.3 STREET ADDRESS STREET ADDRESS **BOYNTON BEACH FL** 1.4 CITY-ST-ZIP City-SI-ZIP DELETE Change Addition TITLE 21 TITLE BADRUDDIN, KARIM NAME 2.2 NAME 900 N.E. 18TH AVENUE #604 2.3 STREET ADDRESS STREET ADDRESS FT. LAUDERDALE FL 33304 CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE Change ☐ Addition TITLE 3.1 TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3 4. CITY-ST-ZIP DELETE Change ☐ Addition TITLE 4.1 TITLE 4. 2 NAME NAME

6.4 CITY-ST-ZIP 14. Thereby 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 innual 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 attachmigning that an address.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME

TITLE NAME

UMGSH HARMELS 9/19/98 561-586-6564 CET OR DIRECTOR DESCRIPTION & 272016

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5 4 CITY-ST-ZIP

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

6.1 TITL€

62 NAME

DELETE

☐ DÉLÉTE

FILED

Feb 18 1998 8:00am

Secretary of State

Change

☐ Change

Addition

Addition

(10%)