FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



THORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998
DOCUMENT #

P96000082386 (9)

KABAR, INC.

APPROVED AND FILED

98 MAY 28 PH 2: 09

SECRETARY OF STATE TALLAHASSEE, FLORIDA



					<u> </u>	{
Principal Place of Business Mailing Address						
6800 NW 22ND AVENUE 6600 NW 22ND AVENUE						
MIAMI FL 33147		MIAMI FL 33147		DO NOT WRITE IN THIS	CDACE	
					3. Date Incorporated or Qualified	SFACE
					10/07/1996	
6 Principal D	oce of Business	2a, Mading Address			4. FEI Number	Applied For
	ace of Business	h: 1			65-0700425	Not Applicable
Suite, Apt. #, etc.		Suite, Apt #, etc.				\$8.75 Additional
22		27			5. Certificate of Status Desired	Fee Required
City & State		City & State			6. Election Campaign Financing	\$5.00 May Be
23		28			Trust Fund Contribution	Added to Fees
Zip	Country	Zib	Count	ry	8. This corporation owes or has paid the cu	
24	25	29	30			Yes No
	g. Name and Address of Current	Registered Agent		лт.: — — — — — — — — — — — — — — — — — — —	10. Name and Address of New Registered	Agent
	SSELL, PATRICK ESQ.		В	1 Name		
	I West Flagler St.		8	2 Street Add	dress (P.O. Box Number is Not Acceptable)	
MV	AMI FL 33130		8	3		
			8	4 City		85 Zip Code
			1	1 ' '	FL	_ ' ' '
office or r agent 1 a SIGNATURE	egistered agent, or bolls, in the State of the administration of the state of the s	tions of, Section 607.0505, FR	origa Statut	es. 	poration submits this statement for the purpose of ation's board of directors. I hereby accept the apparent of the purpose of	pointment as registered
12.	OF ICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AN	
TITLE	PSTD	☐ DELFTE	1.1 THUS			Change Addition
NAME	RADEF, FAYEZ		1.2 NAM	E	2143000000	E294
STREET ADDRESS	850 W. 49TH STREET-SUITE S	501	1.3 \$1HE	ET ADDRESS	9000025 4 6 -06/03/980	າເດືອກ~-019
CITY-ST-ZIP	HIALEAH FL 33012	TI SELECT	14 CITY		****150.00	-#***150-00
THLE		☐ DETETE	2 1 1ITLE	1		
NAME			22 NAM			
STREET ADDRESS				ET ADDRESS		Ì
CITY-ST-ZiP		DELETE	2. 4 CITY 3.1 TITLE	'-ST-ZIF		Change Addition
TITLE		L.J MULE	3.1 THE	!		
NAME CTOPT ADDDECC				ET ADDRESS		
STREET ADDRESS				'- \$1-ZIP		
CITY ST-ZIP		DELETE	4.1 1(1) (☐ Change ☐ Addition
NAME		 -	4. 2 NAN	ME		
STREET ADDRESS			4.3 STRE	ET ADDRESS		
CITY-ST-ZIP			4.4 CITY	- ST - 7/P		
TITLE		DELLITE	5.1 11111			Change Addition
NAME			5.2 NAM	E		
STREET ADDRESS			5 3 STRE	ET ADDRESS		
CITY-ST-ZIP			54 CITY	- S1 - 7IP		
TITLE		☐ DITE	61 TITL	·	. ^	Change Addition
NAME			6.2 NAM	E	\()∩ - \\\1	
STREET ADDRESS			6.3 STRE	+1 ADDRESS	$\mathcal{H} \cap \mathcal{V}$	
CITY-ST-ZIP			6.4 CITY	· S1- ZIP	<i>V</i> '	

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 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.

4/30/98 305-836-06/7