PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000084782

1. Corporation Name

Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90142 030 ***150.00

Kalamai	RI INVESTMENT CORP.								
Principal Place	e of Business	М	ailing Address				T (981100) 118 1040 BISH BONN BONN BONN BONN	i ibili ElSII izna	a taria aras taat
1911 SW 126TH COURT 1911 SW 126TH COURT MIAMI FL 33175 MIAMI FL 33175									•
minum re sorts							DO NOT WRITE IN THIS	S SPACE _	 -
							3. Date Incorporated or Qualifed		
							10/14/1996		
	lace of Business	2a.	. Mailing Address				4. FEI Number	L	pplied For
21 26						65-0701534		ot Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.						5. Certifcate of Status Desired	, -	Additional lequired	
22 27									
City & State	e		City & State				6. Election Campaign Financing	-	May Be to Fees
23	Country	28	7:-	Cou	ntn:		Trust Fund Contribution		to rees
Zip	Country		Zip		riu y		This corporation owes the current year In Personal Property Tax.	ntangible □Yes	□No
24	25 9 Name and Address of Curre	29	ntared Ament	30			10. Name and Address of New Registered		
	y, Name and Address of Curre	in Kegis	stered Agent		81	Name	10. Name and Address of New Magnetones	rigoni	
	ELL, SILVIA E				Ш				
	SW 126TH COURT				82	Street Ad	dress (P.O. Box Number is Not Acceptable)		
	AI FL 33175				83				
Millon									
					84	City	FI	85 Zip	Code
office or re agent, I a	to the provisions of Sections 607.05 egistered agent, or both, in the Stat m familiar with, and accept the oblig	e of Flori	da. Such change was a	authorized	יעם נ	the corpora	rporation submits this statement for the purpose o tion's board of directors. I hereby accept the appo	t changing its intment as re	s registered egistered
SIGNATURE	Signature, typed or printed name of registered as	gent and title	if applicable. (NOTI	E: Registered	Agen	t signature requ	ired when reinstating) DATE		
12.	OFFICERS A	ND DIRE		13.			ADDITIONS/CHANGES TO OFFICERS A		
TITLE	D		☐ DELETE	1.1 TI	πE			Change	☐ Addition
NAME	GETTE, SILVIA B			1.2 NA	ME				
STREET ADDRESS	1911 SW 126TH COURT			1.3 ST	REET	ADDRESS			
CITY-ST-ZIP	MIAMI FL 33175			1.4 Ci	TY-S1	T-ZIP			<u> </u>
TITLE	DP		☐ DELETE	2.1 TF	ΠE			☐ Change	☐ Addition
NAME	CEBALLOS, MARIO			2.2 N/	ME				1
STREET ADDRESS	1911 SW 126TH COURT			2.3 \$7	REET	ADDRESS			
CITY-ST-ZIP	MIAMI FL 33175			2.4 C	ITY-S	T-ZIP			
TITLE			☐ DELETE	3171	TLE			Change	☐ Addition
NAME .				3.2 N/	ME				
STREET ADDRESS				3.3 S1	REET	ADDRESS			
CITY-ST-ZIP				3.4. C	ITY-S	T-ZIP			
TITLE	_		☐ DELETE	4.1 TO	ΠE			☐ Change	☐ Addition f
NAME				4.2 N	AME				-
STREET ADDRESS				4.3 ST	REET	ADDRESS			ļ
CITY-ST-ZIP				4 4 CI	TY-S	Ť-ZiP			
TITLE			☐ DELETE	5,1 TI				Change	☐ Addition
_NAME				5.2 N/					
STREET ADDRESS				5.3 \$1	REET	FADDRESS			·. [
CITY-ST-ZIP				5.4 CI		T-ZIP			
TITLE		-	☐ DELETE	6.1 TI			•	Change	☐ Addition
NAME				6.2 N					, [
STREET ADDRESS.				6.3 ST	REET	ADDRESS	•		

6.4 CITY-ST-ZIP CITY-ST-ZIP 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. 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 of all attachment with an address, with all other like empowered.

SIGNATURE: 🗡

SIGNATURE AND PLEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR