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Feb 25, 1999 8:00 am Secretary of State

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P96000093123 1. Corporation Name

OKNES, INC.

Principal Place of Business Mailing Address						1 1081101	16 16W 1841# B1619 W		Dita taram irrās trār	. (19 46 1141 1441	
100 CHOPIN PLAZA 7320 SW 53RD CT											
5TH FLOOR MIAMI FL 33143						DO NOT WRITE IN THIS SPACE					
MIAMI FL 33131 US					-	3. Date Incorp					
, 00	:					11/08/19					
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number			A	plied For	
21 26)	65-07203	385		N	ot Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.						5. Certifcate of Status Desired -			\$8.75 Additional		
27									Fee R	equired ~~	
City & State City & State						6. Election Campaign Financing				\$5.00 May Be	
23 28						Trust Fund Contribution Added to Fees				to Fees	
Zip	Country	Zip	Count	ry	1	8. This corpora		+ current year	¹Intangible ☐ Yes	No.	
24	9. Name and Address of Curre	29 30	<u> </u>			Personal Pr 10. Name and	 _	lew Register		123,140	
	- Name and Address of Curre	ur veAlereien Wagir		1 Name		Italie alle	,				
SENKO, ROBERT E					 						
7320 SW 53RD CT			8	2 Street	Address	(P.O. Box Nun	nber is Not Ad	ceptable)			
MIAMI FL 33143				3		····					
	·			1					1551 7		
				4 City				F	L 85 Zip	Code	
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statutes,	, the abo	ve-named	corpora	tion submits thi	s statement fo	r the purpose	of changing its	registered	
office or re agent. I a	egistered agent, or both, in the State m familiar with, and accept the oblig	etions of, Section 607.0505, Florid	a Statut	y me corpo ∋s.	orations	Doard of Girect	Drs. I nereby	accept the ap	pominent as it	gistered	
SIGNATURE									_ ,		
	Signature, typed or printed name of registered ag-			gent signature r	required wh		CUANCES T	DATE		ODC IN 42	
12.	011102110110101010101010101010101010101		13. 1.1 TITLI		1/	ice-Pre		1/	AND DIRECTO	Addition	
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NAME	SENKO, ROBERT E			_	74	O CORONA	AN ALLE			1	
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CITY-ST-ZIP				-ST-ZIP	Ì						
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TITLE		☐ DELETE	5.1 TITL		T^{-}				Change	☐ Addition	
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STREET ADDRESS	:		5.3 STR	ET ADDRESS	;]					}	
CITY-ST-ZIP	•		5.4 CITY	-ST-ZIP							
TITLE		☐ DELETE	6.1 TITL		T^{T}				☐ Change	☐ Addition	
NAME			6.2 NAM	F						Į.	

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 it 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, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP