05-03-1999 90117 020 \*\*\*150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P97000027836

1. Corporation Name

K&KC	LASSIQUE SALON, INC.						
Principal Place	o of Business		lailing Address			i	
			-				
15610 S.W. 80T   NO. 101   .	н 51.		610 S.W. 80TH ST. D. 101				
MIAMI FL 33190	3	_	IAMI FL 33193				DO NOT WRITE IN THIS SPACE
							3. Date Incorporated or Qualifed
					• •		03/24/1997-
2. Principal P	lace of Business	2a	, Mailing Address				4. FEI Number Applied For
21		26					65-0735121 Not Applicable
Suite, Apt.	#. etc.		Suite, Apt. #, etc.				\$8.75 Additional
22		27				•	5. Certificate of Status Desired Fee Required
City & State	e .	<del> </del>	City & State				. 6. Election Campaign Financing S5.00 May Be
23	_	28	•				Trust Fund Contribution Added to Fees
Zip	Country		Zip	Cóu	intry	,	8. This corporation owes the current year Intangible
24	25	29	-	30	Ī		Personal Property Tax.
24	9. Name and Address of Curre			301	П		10. Name and Address of New Registered Agent
					81	Name	· · · · · · · · · · · · · · · · · · ·
KON	IG, JOHN				L		
15610 S.W. 80TH ST.					82	Street A	Address (P.O. Box Number is Not Acceptable)
NO.					83		· · · · · · · · · · · · · · · · · · ·
	Al FL 33193		•		"		
1710 41	11 7 2 00 100				84	City	FL 85 Zip Code
5		00 === 4 (	207 1509 Florido Statut	aa tha a	have	o namad a	corporation submits this statement for the purpose of changing its registered
l office or re	egistered agent, or both, in the State m familiar with, and accept the oblig	e of Flori	ida. Such change was a	uthonzed	γdt	the corpor	oration's board of directors. I hereby accept the appointment as registered
SIGNATURE							
	Signature, typed or printed name of registered ag OFFICERS A			<u>-</u> -	Agen	nt signature rec	required when reinstating) DATE  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.	D OFFICERS A	NO DIRE	□ DELETE	13.	TIF		Change Addition
TITLE	_		- Decere				
NAME	KONG, JOHN			1.2 N			
STREET ADDRESS	15610 S.W. 80TH ST APT 101	i				TADDRESS	
CITY-ST-ZIP	MIAMI FL 33193					T-ZIP	
TITLE	D		☐ DELETE	2.1 TI	TLE		Change Addition
NAME	KONG, CICELYN			2.2 N	AME		
STREET ADDRESS	15610 S.W. 80TH ST APT 101	ł		2.3 S	TREET	T ADDRESS	
CITY-ST-ZIP	MIAMI FL 33193			2.40	ITY-S	ST-ZIP	
TITLE			☐ DELETE	3.1 TI	TLE		☐ Change ☐ Addition
NAME				3.2 N	AME		
STREET ADDRESS				3.3 S	TREE	TADORESS	
						ST-ZIP	·
TITLÉ			☐ DELETE	4.1 TI			☐ Change ☐ Addition
				4. 2 N			
NAME						- 1	
STREET ADDRESS				1		TADDRESS	
CITY-ST-ZIP			☐ DELETE			T-ZIP	☐ Change ☐ Addition
TITLE			☐ DELETE	5.1 Ti			. Change Discount
NAME				5.2 N			
. STREET ADDRESS		-				TADDRESS	
CITY-ST-ZIP						T-ZIP	
TITLE			☐ DELETE	6.1 TI			☐ Change ☐ Additio
NAME				6.2 N	AME		
STREET ADDRESS				6.3 S	TREE	T ADDRESS	

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 of 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 received 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 chapted, or of an attactorient with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP