

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

FILED  
Apr 07, 1999 8:00 am  
Secretary of State

04-07-1999 90130 037 \*\*\*150.00

DOCUMENT # P97000036551

1. Corporation Name  
K99, INC.

Principal Place of Business  
710 WASHINGTON AVE.  
#401  
MIAMI FL 33139

Mailing Address  
710 WASHINGTON AVE.  
#401  
MIAMI FL 33139

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/23/1997

4. FEI Number  
65-0757005

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required.

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 345 OCEAN DR. # 1103

Suite, Apt. #, etc.

22 1103

City & State

23 MIAMI BEACH

Zip

24 33139

Country

25 USA

2a. Mailing Address

26 345 OCEAN DR. # 1103

Suite, Apt. #, etc.

27 1103

City & State

28 MIAMI BEACH

Zip

29 33139

Country

30 USA

9. Name and Address of Current Registered Agent

BELLAGAMBA, GIONATA  
710 WASHINGTON AVE.  
#401  
MIAMI FL 33139

10. Name and Address of New Registered Agent

81 Name BELLAGAMBA GIONATA

82 Street Address (P.O. Box Number is Not Acceptable)  
345 OCEAN DR. # 1103

83 SUITE 1103

84 City MIAMI BEACH

FL

85 Zip Code 33139

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE GIONATA BELLAGAMBA

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when reinstating)

DATE

4/1/99

12. OFFICERS AND DIRECTORS

TITLE P  
NAME BELLAGAMBA, GIONATA  
STREET ADDRESS 710 WASHINGTON AVE., #401  
CITY-ST-ZIP MIAMI FL 33139

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P  
1.2 NAME BELLAGAMBA GIONATA  
1.3 STREET ADDRESS 345 OCEAN DR. # 1103  
1.4 CITY-ST-ZIP MIAMI, FL. 33139

☒ Change ☐ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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 on an attachment with an address, with all other like empowered.

SIGNATURE: GIONATA BELLAGAMBA  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/99

305 604 0599

Date

Daytime Phone #

CR2E034 (11/98)