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

PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 10 1998 8:00am Secretary of State

K & V	V OF DADE		Mailing Addre	ess						
1568 SW 5 STREET 1568 SW 5 STREET MIAMI FL 33135 MIAMI FL 33135							{			
MINDRIFE 3	121 UJ		MIMMI EL 33	AMI FL 33135			DO NOT WRITE IN THIS SPACE			
							3. Date Incorporated or Qualified			
6 Principal	2. Principal Place of Business 2a. Mailing Address						05/06/1997 4. FEI Number	- 1 14	pplied For	
21 21				26. Walling Address			05-0751626	<u> </u>	lot Applicable	
Suite, Ap	ot. #, etc		Suite, Apt. #, etc.						Additional	
22			27				5. Certificate of Status Desired	Fee R	beriupel	
City & St	ate			City & State			6. Election Campaign Financing \$5.00 May Be			
Zip		Zip Counti				Trust Fund Contribution				
24	Zip Country		29 30		⊢ ′		Personal Property Tax due June 30. Yes No			
=-1		and Address of Curre		nt			10. Name and Address of New Register	ed Agent		
W	VIERZBA, DAI	RIUSZ J			81	Name				
19	568 SW 5 ST	REET				Street Ad	Street Address (P.O. Box Number is Not Acceptable)			
M	HAMI FL 3313	35					· · · · · · · · · · · · · · · · · · ·			
					83					
					84	City		85 Zip	Code	
44 Division	et to the provin	and of Captions 607.06	02 and 607 1500 FI	larida Ctatut	on the obove	L Domod or	orporation submits this statement for the purposi oration's board of directors. I hereby accept the a		ite registered	
SIGNATURE	Ē	or printed hame of registered ap					equired when rehelating) DATI ADDITIONS/CHANGES TO OFFICERS A	<u> </u>	RS IN 12	
TITLE	D	_		DELETE	1.1 TITLE			☐ Change	Addition	
NAME	KUTRYB			1.2 NAME						
STREET ADDRESS 4224 NW 114TH TERRACE CORAL SPRINGS FL 33065						ADDRESS				
CITY-ST-ZIP	D	SPHINGS PL 33065		DELETE	1.4 CITY - S 2.1 TITLE	T- ZIP		Change	Addition	
NAME	1 -	A, DARIUSZ J		DELETE	2.7 TITLE 2.2 NAME		·			
STREET ADDRESS	ARAA AMAR ATREET				2.3 STREET	ADDRESS				
CITY-ST-ZIP	MIAMI F	2 4 Cl			- 1					
TITLE				DELETÉ	3.1 TITLE			☐ Change	Addition	
NAME					3.2 NAME					
STREET ADDRESS	s				3.3 STREET	ADDRESS				
CITY-ST-ZIP				l'actere	3.4. CITY - !	ST-ZIP				
TITLE			Ц	DELETE	4.1 TITLE		'	L Change	☐ Addition	
NAME	_ [4. 2 NAME					
STREET ADDRESS	\$				4.3 STREET					
CITY-ST-ZIP				4.4 CITY - S 5.1 TITLE	1-ZIP		☐ Change	Addition		
NAME					5.2 NAME	Ì		- 5.2.190		
STREET ADDRESS	s				5.3 STREET	ADDRESS				
CITY-ST-ZIP	-				5.4 CITY - S					
TITLE				DELETE	6.1 TITLE			Change	Addition	
NAME					6.2 NAME	ł				
STREET ADDRESS	s				6.3 STREET	ADDRESS				
CITY-ST-ZIP					6.4 CITY-S					
14. I hereby	v certify that the	a information supplied:	with this filing does t	not qualify to	r the exemp	tion stated	in Section 119.07(3)(i), Florida Statutes, I further	certify that the	e 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.

3/27/18 (305)642-4788