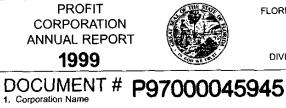
## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999

KYZAMEL KAY, INC.



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## **FILED** Mar 05, 1999 8:00 am Secretary of State 03-05-1999 90079 027 \*\*\*150.00


Principal Place	e of Business	Mailing Address					ii <b>d</b> faat ailta tass s	11 <b>36</b> 1 6111 1461
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				ļ	3. Date Incorporated or		00.7.02	
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		La Maritima Address			05/22/1997 4. FEI Number		Ani	olied For
_ ^ .	lace of Business	2a. Mailing Address	Allse 1	ſ	• -		<del>   </del>	Applicable
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Suite, Apt.	#, etc. <b>\</b>	Suite, Apt. #, etc. ¥			5. Certifcate of Status I		Fee Re	quired
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Zip つつ	Country	L Zip and the	Country		8. This corporation owe			<b>-1.</b> .
4 55	25	29 3 7 3 30			Personal Property Ta			□No
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address	of New Registere	d Agent	
			81 Nam	e			, ,	
	CILLE, DOUGLAS W		82 Stre	et Addres	ss (P.O. Box Number is N	ot Acceptable)		
	BRICKELL KEY DRIVE #406		0   0	611	DE PARADIS	< NOWN		
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			84 City	_ √∨	light i	'	1 85 Zip S	20de 7-
44	to the continue of Sections 607 056	Ad 607 1508 Florida Statutes t	he above name	ed como	ration submits this stateme		of changing its	registered
office or re agent. I a	to the provisions of Sections 607.05 egistered agent, or both, in the State m familiar with, and accept the obligi	of Florida. Such change was authors of, Section 607.0505, Florida	rized by the co Statutes.	rporation	n's board of directors. I her	eby accept the app	ointment as reg	jistered
SIGNATURE	Signature, typed or printed name of unsistered age	and the if applicable (NOTE Rec	stered Agent signatu	re required )	when reinstating)			
		ND DIRECTORS	13.	- Indamen	ADDITIONS/CHANGE	S TO OFFICERS	AND DIRECTO	RS IN 12
12.	D D	DELETE	1,1 TITLE	$\top$			Change	☐ Addition
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STREET ADDRESS		/ /			•			
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I hereby certify that the information supplied with this filling does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the informatic 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. 305-256-9287

SIGNATURE: