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PROFIT CORPORATION ANNUAL REPORT

1998 ¹



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretar and State DIVISION OF CORPORATIONS

POCUMENT # 1P97000058249 (8)

KAMIL COLLECTION, INC.

Principal Place of Business

Mailing Address

FILED Apr 17 1998 8:00am Secretary of State



18176 N.W. 61ST PLACE 18176 N.W. 61ST PLACE MIAMI FL 33015 MIAMI FL 33015 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/02/1997 2a. Mailing Address 2. Principal Place of Business 4. FEI Number Applied For 26 65- O 21 Not Applicable Suite, Apt. #, etc. Sulte, Apt. #, etc. 5. Certificate of Status Desired \$8.75 Additional 22 27 Fee Required City & State City & State 8. Election Campaign Financing \$5.00 May Be 28 Trust Fund Contribution Added to Fees Ontry Country Zip This corporation owes or has paid the current year intangible Zip 30 29 Personal Property Tax due June 30. 25 24 10. Name and Address of New Registered Agent □ No 9. Name and Address of Current Registered Agent 81 STEFANELLI, MICHELE 14411 COMMERCE WAY, STE. 310 Street Address (P.O. Box Number is Not Acceptable) MIAMI LAKES FL 33016 83 85 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, thove-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida tes. SIGNATURE (NOTE: Regingent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. DELETE TITLE **Change** Addition Æ MILKA MEDINA, MILKA NAME REET ADDRESS 18176 N.W. 61ST PLACE 18176 STREET ADDRESS Y - ST - 71P **MIAMI FL 33015** CITY-ST-ZIP DELETE ŽLΕ TITLE Change AME **★** Addition MILKA NAME TREET ADDRESS STREET ADDRESS ITY-ST-ZIP MAM CITY-ST-ZIP TLE ☐ DELETE TITLE Change Addition **WE** NAME REET ADDRESS STREET ADDRESS TY-ST-71F CITY-ST-ZIP DELETE LE TITLE Change Addition NAME REET ADDRESS STREET ADDRESS Y-ST-ZIP CITY-ST-ZIP DELETE TITLE Change Æ Addition NAME T ADDRESS STREET ADDRESS ST-ZIP CITY-ST-ZIP DELETE TITLE Change Addition NAME **DDRESS** STREET ADDRESS CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for this 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 accurany 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 export 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.