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 # **P97000080509**

1. Corporation Name

KEHESA, INC.

May 10, 1999 8:00 am Secretary of State

05-10-1999 90297 025 ***150.00



Principal Place of Business Mailing Address							}	((##I(##) (IA (#))(18#((##I))		,,,,	•	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
14780 SW 151 TERRACE 14780 SW 151 TERRACE												
MIAMI FL 33196			MIAMI FL 33196					DO NOT WRITE IN THIS SPACE				
							-	Date Incorporated or Qualife		<u> </u>		
								09/17/1997	, •			
2 Deinoinal Bi	ace of Puriness	2a.	Mailing Address					FEI Number	-	$-\top$	App	lied For
2. Principal Place of Business			26					65-0790891				Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.							\$8.		Iditional
22			7				5.	Certificate of Status Desired		Fe	e Req	uired
City & State			City & State				6.	Election Campaign Financin	a \square	\$5	, 00 _k	lay Be
23			28					Trust Fund Contribution	• <u> </u>	Ad	ded to	Fees
Zip Country			Zip Country			8.	This corporation owes the c	- ⊔rrent year Inta	ngible			
24	25	29		30	_			Personal Property Tax.		☐ Yes	; <u>E</u>	No
	9. Name and Address of Curren	t Regis	stered Agent					Name and Address of Nev	Registered A	igent		
					81	Name	•					
AUSTIN, HENRY					82 Street Addre			O. Box Number is Not Acce	ptable)			
14780 SW 151 TERRACE					oli cer riddici				-			
MIAN	II FL 33196				83							
					84	City				85	Zip Co	ode
						•			FL)		
office or re agent. I ar	to the provisions of Sections 607.050 egistered agent, or both, in the State in familiar with, and accept the obliga	of Flori	da. Such change was a	utborized	DV:	tne com	d corporation poration's bo	n submits this statement for t pard of directors. I hereby ac	ne purpose of opent the appoin	:nangir itment a	ig its regi	egistered
SIGNATURE	Signature, typed or printed name of registered ager	nt and title	if applicable (NOTE	: Registered	Agen	t signature r	required when r		DATE			
12.	OFFICERS AN	D DIRE	ECTORS	13.				ADDITIONS/CHANGES TO	FFICERS AN			
TITLE	D		DELETE	1.1 Ti	ΠE					☐ Cha	ange	☐ Addition
NAME	AUSTIN, HENRY			1.2 NA	ME							
STREET ADDRESS			1.3 \$		1.3 STREET ADDRESS		3					Ì
CITY-ST-ZIP	MIAMI FL 33196	#I FL 33196		1.4 CI	1.4 CITY-ST-ZIP							
TITLE	D	DELETE		2.1 TI	2.1 TITLE		\mathfrak{D}	IL. Asabia		Cha	ange	Addition
NAME	TULLOCH, KEITH			2.2 N		2.2 NAME		othy Avetin	rrace			
STREET ADDRESS	4780 SW 151 TERRACE			2.3 STF		ADDRESS			5196			
CITY-ST-ZIP	MIAMI FL 33196			2.40	TY-S	T-ZIP	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	www er 3	<u> </u>			
TITLE	D		DELETE	3.1 TI	ΤLE		١.,	<i>t</i> .		Chi	ange	Addition
NAME	AUSTIN, STANELY			3.2 N/	ME		W d	A				-
STREET ADDRESS	14780 SW 151 TERRACE			3.3 ST	REET	ADDRESS	S					
CITY-ST-ZIP	MIAMI FL 33196			3.4. C	TY-S	T-ZIP	<u> </u>		_			FTT A dalling
TITLE			☐ DELETE	4.1 TI	TLE					☐ Cha	₃nge	☐ Addition
NAME				4. 2 N	AME							}
STREET ADDRESS				4.3 ST	REET	ADDRESS	S					
CITY-ST-ZIP				4.4 C	TY-S]	Γ-ZIP						FT 4 4 2 2 2 2 2
TITLE			☐ DELETE	5.1 TI						□ Cha	ange	Addition
NAME				5.2 N								
STREET ADDRESS				5.3 S	REET	ADDRESS	S					
CITY-ST-ZIP				5.4 CI		Γ-ZIP	<u> </u>					
TITLE			☐ DELETE	6.1 TI						☐] Cha	ange	☐ Addition
NAME				6.2 N								
STREET ADDRESS				6.3 S	REET	ADDRESS	S					
1				0.00	Tr. 61	T 710	1					I

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:

3.9.99