Mailing Address

NO MIAMI FL 33168

14135 NW 7 AVE BOOTH #71

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT #** P97000086620

Principal Place of Business

NO MIAMI FL 33168

STREET ADDRESS

STREET ADDRESS

Shehbrief, NVA

739 HE 161 TEPA

NO MATERIAL DEED?

CITY-ST-ZIP

TITLE

NAME

14135 NW 7 AVE BOOTH #71

KIVA'S TRADING, INC.

					<ol><li>Date Incorporated or Qualified</li></ol>		
					10/07/1997		
O Dissipat Dis	on of Business	2a. Mailing Address	2a. Mailing Address		4, FEI Number	Арр	lied For
2. Principal Place of Business		<del></del>	26		65-0785490 Not App		Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.			\$8.75 Ad	
		<b>├</b> ──	27		5. Certificate of Status Desired	Fee Req	uired
22		City & State			6. Election Campaign Financing	\$5.00 N	May Be
City & State	•	28			Trust Fund Contribution	Added to	Fees
23	Country	Zip	Country		8. This corporation owes the current year	ar Intangible	
Zip	25	29 3	0		Personal Property Tax.	☐ Yes 〔	□No
24	9. Name and Address of Cur				10. Name and Address of New Registe	ered Agent	
	9. learne and Address of Cal	MAURICALLI	81	Name			Į
SHERSHER, KIVA			82	Street Address (P.O. Box Number is Not Acceptable)			
KIVA739 NE 164 TERRACE			02	Street Add	Iless (F.O. Box (Mainbel is Not Nessphare)		
NO MIAMI FL 33162			83				
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agent. I ai	M familiar with, and accept the ob-	ingations of addition out to see it is				TE RS AND DIRECTO	RS IN 12
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14. I hereby certify that the information supplied with this filling 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.

5.3 STREET ADDRESS

6.3 STREET ADORESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

DELETE

**FILED** 

Feb 06, 1999 8:00am

**Secretary of State** 

02-06-1999 90007 050 \*\*\*150.00

DO NOT WRITE IN THIS SPACE

Change

Addition