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

.. PROFIT CORPORATION ANNUAL REPORT



ELORIDA DEPARTMENT DE STATE

Sandra B. Mosthame

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT # P97000100001 (1) A.K. HOLDINGS INT., INC.

FILED Mar 10 1998 8:00am Secretary of State

Principal Place of Business Mailing Address 30 NORTHEAST 104TH STREET 30 NORTHEAST 104TH STREET MIAMI SHORES FL 33138 MIAMI SHORES FL 33138 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 11/24/1997 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For 65-0796625 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, oto \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & Stale \$5.00 May Be 6. Election Campaign Financing \Box 23 Trust Fund Contribution Added to Fees 28 Zip Country Country This corporation owes or has paid the current year Intangible Yes 24 29 30 Personal Property Tax due June 30. 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name **AMERILAWYER** 343 ALMERIA AVENUE Street Address (P.O. Box Number is Not Acceptable) **B2** CORAL GABLES FL 33134 83 84 City Zip Code 65 11. Pursuant to the provisions of Soctions 607.0502 and 607.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. PSTO DELFTE Change Addition TITLE 1.1 TiTLE KARIM, ABDUL NAME 12 NAME 30 NORTHEAST 104TH STREET STREET ADDRESS 1.3 STREET ADDRESS MIAMI SHORES FL 33138 CITY-ST-ZIP 1.4 City-St-ZiP DELETE Change ☐ Addition TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition TITLE 31 TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP TITLE DELÉ 1E 4.1 TITLE Change Addition NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST-ZIP DELETE Change ■ Addition 5.1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 6 1 TITLE ☐ Change Addition STREET ADDRESS **6.3 STREET ADDRESS** 6.4 CITY-ST-ZIP

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 suppliemental annual reject 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, day, an attachment with an address.

ABDUL KARIM

2.//. 98 30.758-1385

SIGNATURE:

2.11.98 305.758-1385

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