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 # P98000007417 \(\)

KALESI CORPORATION

| Principal | Place | of | Business |
|-----------|-------|----|----------|

Mailing Address

FILED Jul 15, 1999 8:00 am Secretary of State

07-15-1999 90008 022 ***150.00



| 3199 NW 20TH MIAMI FL 3314 | | 3199 NW 20TH ST MIAMI FL 33142 | | | DO NOT | WRITE IN THIS | ; SPACE | | |
|---|---|--|-------------------------|-----------------|---|------------------|--------------------|--------------|--|
| | | | _ | | 3. Date Incorporated or Qua 01/22/1998 | alifed | | | |
| | lace of Business | 2a. Mailing Address | 1 -7 | 2 14 | 4. FEI Number | | | plied For | |
| 21 7850 | <u> νω 72 Αυρ.</u> | 26 7850 NO | <i>.</i> / | 2 400 | E. 65-08135 | 227 | | t Applicable | |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | . <u>-</u> | * | 5. Certifcate of Status Desi | red 🗆 | \$8.75 A | II | |
| City & State 23 Med | ey, FC | 26 7100007 | FL_ | | Election Campaign Finar Trust Fund Contribution | ncing | \$5.00 Added to | | |
| Zip 33166 Country 29 33166 30 Country 29 33166 30 | | | | | 8. This corporation owes the current year Intangible Personal Property Tax. Yes No | | | | |
| | 9. Name and Address of Current | Registered Agent | | | 10. Name and Address of I | | Agent | ····· | |
| CEE: | ID CADIO | | 81 | Name | SFEIR, FAR | 11> | • | | |
| SFEIR, FARID | | | 82 | | Address (P.O. Box Number is Not A | | ; | | |
| 3199 NW 20TH ST MIAMI FL 33142 | | | - | 72. | 50 NW 72 AU | <u> </u> | • | | |
| ויייואו | WI FE 35142 | | 83 | | | | | | |
| | | | 84 | City M | EDLEY | FL | 85 Zip C | 3/66 | |
| 11. Pursuant | to the provisions of Sections 607.0502 | and 607.1508, Florida Statutes, | the above | -named c | cornoration cultimite this statement for | or the numose of | changing its | registered | |
| office or n | egistered agent, or both, in the State of m families with, and accept the obligation | Florida. Such change was auth | orized by a Statutes | the corpo | ration's board of directors. I hereby | accept the appoi | ntment as rec | gistered | |
| | Jawa - U | Pin | - 0.0 | | | | **. | | |
| SIGNATURE | Signature, typed or printed name of registered agent a | and title if applicable. (NOTE: Re | gistered Ager | it signature re | quired when reinstating) | DATE | ` ' | | |
| 12. | OFFICERS AND | | 13. | | ADDITIONS/CHANGES T | O OFFICERS AN | | | |
| TITLE | PRESIDENT | ☐ DELETE | 1.1 TITLE | | PRESIDENT | | ☐ Change | Addition | |
| NAME | SFEIR, FARID | | 1.2 NAME | | SFEIR, FACID | | | | |
| STREET ADDRESS | 7850 NW 72 AUE | ₹ • | 13 STREE1 | ADDRESS | 7850 NW 72 AUG | 5 . | | | |
| CITY-ST-ZIP | MEDLEY, FL 331 | <u>66 </u> | 1.4 CITY-S | T-ZIP | HEDLEY, FL 33 | 166 | | | |
| TITLE | | ☐ DELETE | 2.1 TITLE | | | | ☐ Change | ☐ Addition | |
| NAME | | | 2.2 NAME | | | | | | |
| STREET ADDRESS | <u> </u> | ~ | 2.3 STREET | ADDRESS | | | | | |
| CITY-ST-ZIP | | | 2.4 CITY-5 | T-ZIP | | | | | |
| TITLE | | ☐ DÉLETE | 3.1 TITLE | | | | Change | ☐ Addition f | |
| NAME | | | 3.2 NAME | - | | | | ļ | |
| STREET ADDRESS | | | 3.3 STREET | ADDRESS | | | • | | |
| CITY-ST-ZIP | | £7 a.u. aau | 3.4. CITY-S | T-ZIP | | | | | |
| TITLE | | ☐ DELETE | 4.1 TITLE | | | | Change | Addition | |
| NAME | | | 4. 2 NAME | | | | | ĺ | |
| STREET ADDRESS | | | 4.3 STREET | 1 | | | | | |
| CITY-ST-ZIP | | DELETE | 4.4 CITY-S | r-zip | | | ☐ Change | ☐ Addition | |
| TITLE | | ☐ DETE!E | 5.1 TITLE 5.2 NAME | Ĭ | | | | C radioon | |
| NAME | | | 5.3 STREET | TANDRESS | | | | ļ | |
| STREET ADDRESS | | | 5.4 CITY-S | | | | | İ | |
| CITY-ST-ZIP | | ☐ DELETE | 6.1 TITLE | ı zir | | | Change | Addition | |
| TITLE | | C OLLLIE | 6.2 NAME | | | | go | المستقد ال | |
| NAME | | | 6.3 STREET | ADDRESS | | | | | |
| STREET ADDRESS | | | 6.4 CITY-ST | i | | | | | |
| CITY-ST-ZIP | | | J., G., | | | | <u> </u> | | |

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 a patternment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

Date

Daytime Phone #

KALESI CORPORATION

KALESI CORPORATION 7850 NW 72 AVE. MEDLEY, FL 33166

July 9, 1999

Annual Reports Filings Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Dear Sir or Madam:

We did not receive the 1999 Profit Corporation Annual Report Packet on time due to the fact that we had a change of address. We called the Annual Reports Filings Division of Corporations and were instructed to attach this letter with the Annual Report Packet. We were told to enclose payment for \$150.00. They told us that the late payment fee might be waived because it was not until recently that someone brought the documents to our new address. In any case we hope that it will be sufficient to renew our corporation with the State of Florida.

Thanking you in advance for your help,

Farid Sfeir President