

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

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90285 005 ***158.75

DOCUMENT # P98000011836

1. Corporation Name

KONNAN INTERNATIONAL, INC.

Principal Place of Business

6163 MIAMI LAKES DR. E.
MIAMI LAKES, FL. 33014

Mailing Address

c/o EDWARD GARCIA
6163 MIAMI LAKES DR. E.
MIAMI LAKES, FL. 33014

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

25

29

Zip

Country

30

3. Date Incorporated or Qualified

2/5/1998

4. FEI Number

65-0817491

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐

Yes

☒

No

9. Name and Address of Current Registered Agent

CHARLES R. ASHENOFF
28620 OLD DIXIE HWY
HOMESTEAD, FL. 33033

10. Name and Address of New Registered Agent

81 Name EDWARD GARCIA

82 Street Address (P.O. Box Number is Not Acceptable)

6163 MIAMI LAKES DR. E.

83 MIAMI LAKES - FL. 33014

84 City

FL

85

Zip Code

33014

11. Pursuant to the provisions of Sections 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/27/99

12. OFFICERS AND DIRECTORS

1.1 TITLE P/D
1.2 NAME CHARLES R. ASHENOFF
1.3 STREET ADDRESS 28620 OLD DIXIE HWY
1.4 CITY-ST-ZIP HOMESTEAD, FL. 33033

2.1 TITLE O
2.2 NAME EDWARD GARCIA
2.3 STREET ADDRESS 6163 MIAMI LAKES DR. E.
2.4 CITY-ST-ZIP MIAMI LAKES - FL 33014

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P/D
1.2 NAME CHARLES R. ASHENOFF
1.3 STREET ADDRESS 6163 MIAMI LAKES DR. E.
1.4 CITY-ST-ZIP MIAMI LAKES - FL. 33014

2.1 TITLE O
2.2 NAME EDWARD GARCIA
2.3 STREET ADDRESS 6163 MIAMI LAKES DR. E.
2.4 CITY-ST-ZIP MIAMI LAKES - FL 33014

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
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 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:

Signature and typed or printed name of signing officer or director

Date

Daytime Phone #

4/27/99

305-823-9292