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

1999 DOCUMENT # P98000021124

1. Corporation Name

KAPENS KREATIONS LINE MITTER INC.

May 03, 1999 8:00 am Secretary of State 05-03-1999 90039 008 ***150.00

KAHENS KHEATIONS UNLIM	IIEU, ING.				
Principal Place of Business	Mailing Address			L'Bânte Bûteû Hûûê hindê Hûgê	HBU DIDI (80 7
6051 S.W. 109TH COURT MIAMI FL 33173	6051 S.W. 109TH COURT MIAMI FL 33173				
	Wirth 1 E 001/0		DO NOT WRITE	E IN THIS SPACE	
	-		 Date Incorporated or Qualifed 03/04/1998 		
2. Principal Place of Business	2a. Mailing Address		4. FEJ Number 02 20 TO	Ap	plied For
21 <i>1991</i> 2 SUV192	aire . 26 SUME	.	1 65-080Ud8 (c	7 No	t Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	<u>.</u>	5. Certifcate of Status Desired	\$8.75	I
22	27			Fee Re	quired
City & State MIMI Pla.	City & State Saute	e	6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added t	· ·
Zip 22 (P/	CA Lip Same	Country	8. This corporation owes the curre		,
24 DOOD 25 U		30	Personal Property Tax.	✓ Yes	□No
9, Name and Address	of Current Registered Agent	81 Name	10. Name and Address of New Re	egistered Agent	
DARNELL, KAREN		oi Name			
6051 S.W. 109TH COURT		82 Street Ad	Idress (P.O. Box Number is Not Acceptate	ole)	
MIAMI FL 33173		83	· · · · · · · · · · · · · · · · · · ·		
MACHINE COTTO		03			
		84 City		FL 85 Zip C	Code
Pursuant to the provisions of Section office or registered agent, or both, in agent. I am familiar with, and accept	s 607.0502 and 607.1508, Florida Statute the State of Florida. Such change was authe obligations of, Section 607.0505, Flori	ithorized by the corpora	orporation submits this statement for the p ation's board of directors. I hereby accept	ourpose of changing its the appointment as re-	gistered
office or registered agent, or both, in agent. I am familiar with, and accept SIGNATURE Signature, typed or printed name of re	the State of Florida. Such change was au the obligations of, Section 607.0505, Flori agistered agent and title if applicable. (NOTE:	ithorized by the corporalida Statutes. Registered Agent signature requ	uired when reinstating)	DATE DATE	Jistereu
office or registered agent, or both, in agent. I am familiar with, and accept SIGNATURE Signature, typed or printed name of re 12. OFFI	the State of Florida. Such change was au the obligations of, Section 607.0505, Flori	Registered Agent signature requ	uired when reinstating) ADDITIONS/CHANGES TO OFF	DATE DATE	Jistereu
office or registered agent, or both, in agent. I am familiar with, and accept SIGNATURE Signature, typed or printed name of re	the State of Florida. Such change was au the obligations of, Section 607.0505, Flori agistered agent and title if applicable. (NOTE: CERS AND DIRECTORS	Registered Agent signature requ	uired when reinstating) ADDITIONS/CHANGES TO OFF	DATE ICERS AND DIRECTO	RS IN 12
office or registered agent, or both, in agent. I am familiar with, and accept SIGNATURE Signature, typed or printed name of re 12. OFFI TITLE NAME	the State of Florida. Such change was au the obligations of, Section 607.0505, Flori agistered agent and title if applicable. (NOTE: CERS AND DIRECTORS	Registered Agent signature requ	uired when reinstating) ADDITIONS/CHANGES TO OFF WIREL DAINELL 6051 SW 10914	DATE ICERS AND DIRECTO	RS IN 12
office or registered agent, or both, in agent. I am familiar with, and accept SIGNATURE SIGNATURE SIgnature, typed or printed name of re 12. OFFI TITLE NAME STREET ADDRESS	the State of Florida. Such change was au the obligations of, Section 607.0505, Flori agistered agent and title if applicable. (NOTE: CERS AND DIRECTORS	Registered Agent signature requested 13. 1.1 TITLE 1.2 NAME	uired when reinstating) ADDITIONS/CHANGES TO OFF WIREL DAINELL 6051 SW 10914	DATE ICERS AND DIRECTO	RS IN 12
office or registered agent, or both, in agent. I am familiar with, and accept SIGNATURE Signature, typed or printed name of re 12. OFFI TITLE NAME	the State of Florida. Such change was au the obligations of, Section 607.0505, Flori agistered agent and title if applicable. (NOTE: CERS AND DIRECTORS	Registered Agent signature required 11.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	uired when reinstating) ADDITIONS/CHANGES TO OFF	DATE ICERS AND DIRECTO	RS IN 12
office or registered agent, or both, in agent. I am familiar with, and accept SIGNATURE SIGNATURE SIgnature, typed or printed name of re 12. OFFI TITLE NAME STREET ADDRESS CITY-ST-ZIP	the State of Florida. Such change was au the obligations of, Section 607.0505, Flori egistered agent and title if applicable. (NOTE: CERS AND DIRECTORS DELETE	Registered Agent signature required 11.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	uired when reinstating) ADDITIONS/CHANGES TO OFF WIREL DAINELL 6051 SW 10914	DATE ICERS AND DIRECTO	RS.IN 12
office or registered agent, or both, in agent. I am familiar with, and accept SIGNATURE SIGNATURE SIgnature, typed or printed name of restriction of the state	the State of Florida. Such change was au the obligations of, Section 607.0505, Flori egistered agent and title if applicable. (NOTE: CERS AND DIRECTORS DELETE	Registered Agent signature required in the s	uired when reinstating) ADDITIONS/CHANGES TO OFF WIREL DAINELL 6051 SW 10914	DATE ICERS AND DIRECTO	RS.IN 12
office or registered agent, or both, in agent. I am familiar with, and accept in agent. I agent in agent	the State of Florida. Such change was au the obligations of, Section 607.0505, Flori egistered agent and title if applicable. (NOTE: CERS AND DIRECTORS DELETE	Registered Agent signature required in the s	uired when reinstating) ADDITIONS/CHANGES TO OFF WIREL DAINELL 6051 SW 10914	DATE ICERS AND DIRECTO Change	RS IN 12 G-Addition
office or registered agent, or both, in agent. I am familiar with, and accept in agent. I agent in agent	the State of Florida. Such change was au the obligations of, Section 607.0505, Flori egistered agent and title if applicable. (NOTE: CERS AND DIRECTORS DELETE	Introduced by the corporal da Statutes. Registered Agent signature required in the signature re	uired when reinstating) ADDITIONS/CHANGES TO OFF WILL DAINELL 6051 SW 10914	DATE ICERS AND DIRECTO	RS.IN 12
office or registered agent, or both, in agent. I am familiar with, and accept in agent. I agent in agent	the State of Florida. Such change was au the obligations of, Section 607.0505, Flori agistered agent and title if applicable. (NOTE: CERS AND DIRECTORS DELETE	Introduced by the corporal da Statutes. Registered Agent signature required in the signature re	uired when reinstating) ADDITIONS/CHANGES TO OFF WILL DAINELL 6051 SW 10914	DATE ICERS AND DIRECTO Change	RS IN 12 G-Addition
office or registered agent, or both, in agent. I am familiar with, and accept in agent. I agent in agent	the State of Florida. Such change was au the obligations of, Section 607.0505, Flori agistered agent and title if applicable. (NOTE: CERS AND DIRECTORS DELETE	Registered Agent signature required in the s	uired when reinstating) ADDITIONS/CHANGES TO OFF WILL DAINELL 6051 SW 10914	DATE ICERS AND DIRECTO Change	RS IN 12 G-Addition
office or registered agent, or both, in agent. I am familiar with, and accept to agent	the State of Florida. Such change was au the obligations of, Section 607.0505, Flori agistered agent and title if applicable. (NOTE: CERS AND DIRECTORS DELETE DELETE	Introlled by the corporal idea Statutes. Registered Agent signature required by the corporal idea Statutes. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	uired when reinstating) ADDITIONS/CHANGES TO OFF WILL DAINELL 6051 SW 10914	DATE ICERS AND DIRECTO Change	RS IN 12 GAOdition Addition
office or registered agent, or both, in agent. I am familiar with, and accept to the second s	the State of Florida. Such change was au the obligations of, Section 607.0505, Flori agistered agent and title if applicable. (NOTE: CERS AND DIRECTORS DELETE	Introlled by the corporal idea Statutes. Registered Agent signature required by the corporal idea Statutes. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE	uired when reinstating) ADDITIONS/CHANGES TO OFF WILL DAINELL 6051 SW 10914	DATE ICERS AND DIRECTO Change	RS IN 12 G-Addition
office or registered agent, or both, in agent. I am familiar with, and accept to agent	the State of Florida. Such change was au the obligations of, Section 607.0505, Flori agistered agent and title if applicable. (NOTE: CERS AND DIRECTORS DELETE DELETE	Registered Agent signature required Statutes. Registered Agent signature required Statutes. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME	uired when reinstating) ADDITIONS/CHANGES TO OFF WILL DAINELL 6051 SW 10914	DATE ICERS AND DIRECTO Change	RS IN 12 GAOdition Addition
office or registered agent, or both, in agent. I am familiar with, and accept to the second s	the State of Florida. Such change was au the obligations of, Section 607.0505, Flori agistered agent and title if applicable. (NOTE: CERS AND DIRECTORS DELETE DELETE	Registered Agent signature required Statutes. Registered Agent signature required Statutes. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 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	uired when reinstating) ADDITIONS/CHANGES TO OFF WILL DAINELL 6051 SW 10914	DATE ICERS AND DIRECTO Change	RS IN 12 GAOdition Addition
office or registered agent, or both, in agent. I am familiar with, and accept in agent. I agent in agent	the State of Florida. Such change was au the obligations of, Section 607.0505, Flori agistered agent and title if applicable. (NOTE: CERS AND DIRECTORS DELETE DELETE	Registered Agent signature required Statutes. Registered Agent signature required Statutes. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 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 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	uired when reinstating) ADDITIONS/CHANGES TO OFF WILL DAINELL 6051 SW 10914	DATE Clicers AND DIRECTO Change Change	RS.IN 12 GAGdition Addition
office or registered agent, or both, in agent. I am familiar with, and accept standard agent standard age	the State of Florida. Such change was au the obligations of, Section 607.0505, Flori agistered agent and title if applicable. (NOTE: CERS AND DIRECTORS DELETE DELETE	Registered Agent signature required Statutes. Registered Agent signature required Statutes. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 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	uired when reinstating) ADDITIONS/CHANGES TO OFF WILL DAINELL 6051 SW 10914	DATE ICERS AND DIRECTO Change	RS IN 12 GAOdition Addition
office or registered agent, or both, in agent. I am familiar with, and accept standard agent standard age	the State of Florida. Such change was au the obligations of, Section 607.0505, Flori agistered agent and title if applicable. (NOTE: CERS AND DIRECTORS DELETE DELETE	Registered Agent signature required Statutes 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 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	uired when reinstating) ADDITIONS/CHANGES TO OFF WILL DAINELL 6051 SW 10914	DATE Clicers AND DIRECTO Change Change	RS.IN 12 GAGdition Addition
office or registered agent, or both, in agent. I am familiar with, and accept stem for agent. I am familiar with, and accept stem for agent. I am familiar with, and accept stem for agent stem for a support of the stem for a su	the State of Florida. Such change was au the obligations of, Section 607.0505, Flori agistered agent and title if applicable. (NOTE: CERS AND DIRECTORS DELETE DELETE	Registered Agent signature required Statutes. Registered Agent signature required Statutes. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 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	uired when reinstating) ADDITIONS/CHANGES TO OFF WILL DAINELL 6051 SW 10914	DATE Clicers AND DIRECTO Change Change	RS.IN 12 GAGdition Addition
office or registered agent, or both, in agent. I am familiar with, and accept stem for agent. I am familiar with, and accept stem for agent. I am familiar with, and accept stem for agent stem for a support of the stem for a support for agent stem for a support for agent stem	the State of Florida. Such change was au the obligations of, Section 607.0505, Flori agistered agent and title if applicable. (NOTE: CERS AND DIRECTORS DELETE DELETE DELETE	Registered Agent signature required Statutes 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 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	uired when reinstating) ADDITIONS/CHANGES TO OFF WILL DAINELL 6051 SW 10914	DATE Clicers AND DIRECTO Change Change	RS.IN 12 GAGdition Addition
office or registered agent, or both, in agent. I am familiar with, and accept stem for agent. I am familiar with, and accept stem for agent. I am familiar with, and accept stem for agent stem for a support of the stem for a support for agent stem	the State of Florida. Such change was au the obligations of, Section 607.0505, Flori agistered agent and title if applicable. (NOTE: CERS AND DIRECTORS DELETE DELETE	Intercept by the corporal idea Statutes. Registered Agent signature required by the corporal idea Statutes. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 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 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 5.5 STREET ADDRESS 5.5 CITY-ST-ZIP	uired when reinstating) ADDITIONS/CHANGES TO OFF WILL DAINELL 6051 SW 10914	DATE	RS.IN 12 GAGdition Addition Addition
office or registered agent, or both, in agent. I am familiar with, and accept stem for agent. I am familiar with, and accept stem for agent. I am familiar with, and accept stem for agent stem for a support of the stem for a support for agent stem for a support for agent stem	the State of Florida. Such change was au the obligations of, Section 607.0505, Flori agistered agent and title if applicable. (NOTE: CERS AND DIRECTORS DELETE DELETE DELETE	Registered Agent signature required Statutes 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 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	uired when reinstating) ADDITIONS/CHANGES TO OFF WILL DAINELL 6051 SW 10914	DATE	RS.IN 12 GAGdition Addition Addition

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 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 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

SIGNATURE:

126/99 Date

305 3345801.

SR2E034 (11/98)