

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90088 015 ***150.00

DOCUMENT # **P98000030116** ✓
1. Corporation Name
KOKY ENTERPRISES, CORP.

Principal Place of Business Mailing Address
705 S.W. 17th Ave
MIAMI, FL 33135

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/01/98	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 650830836	
City & State		City & State		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip		Zip		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Country		Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25		29		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
HAROLD W. PEREZ 1724 SW 11 ST. MIAMI, FL 33135				81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	

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		(NOTE: Registered Agent signature required when re/instating)		DATE	
OFFICERS AND DIRECTORS					
ADDRESS		1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
ZIP		1.2 NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
1724 SW 11 ST.		1.3 STREET ADDRESS		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
MIAMI, FL 33135		1.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
PRESIDENT		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TREASURER		2.2 NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
ERIK R. PEREZ		2.3 STREET ADDRESS		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
1724 SW 11 ST.		2.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
MIAMI, FL 33135		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
		3.2 NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
		3.3 STREET ADDRESS		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
		3.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
		4.2 NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
		4.3 STREET ADDRESS		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
		4.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
		5.2 NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
		5.3 STREET ADDRESS		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
		5.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
		6.2 NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
		6.3 STREET ADDRESS		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
		6.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

I 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 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **[Signature]**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/99 (305) 644-7272
Date Daytime Phone #

CR2E034 (11/98)