

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
Jul 08, 1999 8:00 am
Secretary of State

07-08-1999 90031 006 ***558.75

DOCUMENT # P98000035753

Corporation Name
K & K HOLDINGS, INC.



Principal Place of Business
301 S DIXIE HWY
MIAMI FL 33176

Mailing Address
15801 S DIXIE HWY
MIAMI FL 33176

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 04/20/1998	
4. FEI Number 05 0842816.	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

Principal Place of Business 15138 SW 72nd St	2a. Mailing Address 26 8831 SW 129 St
Suite, Apt. #, etc.	27 4
City & State Miami FL	28 Miami FL
Zip 33193	Country 25 U.S.A.
29 33193	30 USA

9. Name and Address of Current Registered Agent

FERNANDEZ, WILLIAM
10943 S DIXIE HWY
MIAMI FL 33156

10. Name and Address of New Registered Agent

81 Name WILLIAM FERNANDEZ
82 Street Address (P.O. Box Number is Not Acceptable) 8831 SW 129 St
83
84 City MIAMI
85 Zip Code FL 33176

I, 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

2. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
FILE	D <input type="checkbox"/> DELETE	1.1 TITLE	DS <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERNANDEZ, NANCY	1.2 NAME	Nancy Fernandez
STREET ADDRESS	15801 S DIXIE HWY	1.3 STREET ADDRESS	8831 SW 129 St
CITY-ST-ZIP	MIAMI FL 33176	1.4 CITY-ST-ZIP	MIAMI, FL 33176
FILE	PSD <input type="checkbox"/> DELETE	2.1 TITLE	PO <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERNANDEZ, WILLIAM	2.2 NAME	FERNANDEZ, WILLIAM
STREET ADDRESS	15801 S DIXIE HWY	2.3 STREET ADDRESS	8831 SW 129 St
CITY-ST-ZIP	MIAMI FL 33176	2.4 CITY-ST-ZIP	MIAMI, FL 33176
FILE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
FILE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
FILE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
FILE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 REQUIRED

Date

Daytime Phone #

CR2E034 (11/98)