## PROFIT CORPORATION ANNUAL REPORT



## FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

## FILED May 05, 1999 8:00 am Secretary of State 05-05-1999 90224 041 \*\*\*150.00

	1999		DIVIS	ION OF CORF	PORATIO	ONS		,5 1,555 5022	7071	150.00
DOCUI	MENT #	P980000	61153		-					
K & A VI	ideo, inc. ¦						<u></u>		01136 11881 11881	10114 00 1841
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Principal Place	of Business		Mailing Address			_	i in the state of the same of the	11 <b>26</b> 111 <b>20</b> 115 <b>23</b> 115 <b>23</b> 441		#1168 (III 100)
2839 NW 7TH S	STREET		2839 NW 7TH ST	REET						
MIAMI FL 33125	5		MIAMI FL 33125				DO N	OT WRITE IN THIS	S SPACE	
_							3. Date incorporated or 0 07/08/1998	Qualifed		
2. Principal Pl	lace of Business		2a. Malling Addr	ess i			4. FEI Number		<u> </u>	plied For
27 520	A 11	1 <b>k</b> . –	18 <u>520</u>	Curtis	<u>ss</u>	DR.	165-0848	823		t Applicable
Suite, Apl.	#, etc.		Suite, Apt. #,	, etc.			5. Certificate of Status De	rsired 🔲	\$8.75 A	
22		<u>;                                    </u>	27 City & State			<u> </u>	- Flection Cempaign Fir	ancing	<b>\$5.00</b>	
City & State	L		zel Obal	2012	V-L		Trust Fund Contributio		Added t	
23 Opali Zip	ocka ,	Country	Zip		Country		8. This corporation owes	the current year in	ntangible	
21 33	054 25		330	54 30		<u>Dade.</u>	Personal Property Tax			□No
	9. Name and	Address of Current Re	gistered Agent		81	Name	10. Name and Address of	of New Registered	Agent	
DEAL	LPOZO, LUIS .	· ICACI (IM			ات ا					
	NW 7TH STR				82	Street Addr	ress (P.O. Box Number is Not	Acceptable)		]
	AI FL 33125	<del></del> -			83		<u> </u>		<u> </u>	
					84	- Ci-			85 Zip C	Code
	•	!			1 1	City		F <u>I</u>	L   '	į į
11. Pursuant	to the provisions	of Sections 607.0502 an	nd 607.1508, Flori	ida Statutes, th	ne above	named corp	oration submits this statemen	t for the purpose of	of changing its pintment as rec	registered gistered
11. Pursuant office or no agent. I ar	to the provisions egistered agent, m familiar with, a	of Sections 607.0502 and or both, in the State of Fland accept the obligations	nd 607.1508, Flori lorida, Such chan s of, Section 607.	ida Statutes, th ige was author 0505, Florida :	ne above rized by ti Statutes.	named corp he corporation	oration submits this statement on's board of directors. I here	t for the purpose oby accept the appo	of changing its pintment as rec	registered gistered
SIGNATURE							oration submits this statemen on's board of directors. I here	t for the purpose of by accept the appo	of changing its continent as rec	registered gistered
SIGNATURE		of Sections 607.0502 and or both, in the State of Figure 2 and accept the obligations of registered open and OFFICERS AND D	tite if applicable.	(NOTE: Regis			coration submits this statement on's board of directors. I here ad when reinstairs)  ADDITIONS/CHANGES	DATE	ND DIRECTO	RS IN 12
SIGNATURE		; trived name of registered agent and	title if applicable.	(NOTE: Regis	stered Agent		id when reinstating)	DATE		
SIGNATURE	Signature, typed or pr	mind name of registered agent and OFFICERS AND D	title if applicable.	(NOTE: Regis	alered Agent 13.		id when reinstating)	DATE	ND DIRECTO	RS IN 12
SIGNATURE 12.	ST SANTANA, K 2839 NW 7T	OFFICERS AND D  ARELIA  STREET	title if applicable.	(NOTE: Regis	13. 1.1 TITLE 1.2 NAME 1.3 STREET	agnature require	id when reinstating)	DATE	ND DIRECTO	RS IN 12
SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SANTANA, K 2839 NW 7T MIAMI FL 33	OFFICERS AND D  ARELIA  STREET	Utto if applicable.	(NOTE: Ragis	13. 1.1 TITLE 1.2 NAME 1.3 STREET / 1.4 CITY-ST-	agnature require	id when reinstating)	DATE	ND DIRECTO	RS IN 12
SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	ST SANTANA, K 2839 NW 7T MIAMI FL 33 PVP	OFFICERS AND D ARELIA H STREET	Utto if applicable.	(NOTE: Regis	13. 1.1 TITLE 1.2 NAME 1.3 STREET / 1.4 CITY-ST- 2.1 TITLE	agnature require	id when reinstating)	DATE	ND DIRECTO	RS IN 12
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME	ST SANTANA, K 2839 NW 7T MIAMI FL 33 PVP REALPOZO,	OFFICERS AND D ARELIA H STREET 125	Utto if applicable.	(NOTE: Regis	13. 1.1 TITLE 1.2 NAME 1.3 STREET / 1.4 CITY-ST- 2.1 TITLE 2.2 NAME	ADDRESS	id when reinstating)	DATE	ND DIRECTO	RS IN 12
SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	ST SANTANA, K 2839 NW 7T MIAMI FL 33 PVP REALPOZO, 2839 NW 7T	OFFICERS AND D  ARELIA H STREET 125 LUIS J H STREET	Utto if applicable.	(NOTE: Regis	13. 1.1 TITLE 1.2 NAME 1.3 STREET / 1.4 CITY-ST- 2.1 TITLE	ADDRESS ADDRESS	id when reinstating)	DATE	ND DIRECTO Change Change	RS IN 12 Addition
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SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-97-ZIP	ST SANTANA, K 2839 NW 7T MIAMI FL 33 PVP REALPOZO, 2839 NW 7T	OFFICERS AND D  ARELIA H STREET 125 LUIS J H STREET	I the if applicable.	(NOTE: Regis PELETE  PELETE	abored Agent 13. 1.1 TITLE 12 NAME 1.3 STREET/ 1.4 CITY-ST- 2.1 TITLE 22 NAME 23 STREET/ 3.1 TITLE 3.2 NAME 3.2 NAME	ADDRESS -ZIP ADDRESS -ZIP	id when reinstating)	DATE	ND DIRECTO Change Change	RS IN 12 Addition
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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 received 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.

PRINTED NAME OF SKONING OFFICER OR DIRECTOR