PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P98000061901

K & A LAND, INC.

Principal Place of Business

8240 S.W. 104TH STREET MIAMI FL 33156

STREET ADDRESS

Mailing Address

8240 S.W. 104TH STREET

MIAM! FL 33156

## FILED Apr 13, 1999 8:00 am Secretary of State

04-13-1999 90110 038 \*\*\*150.00



DO\_NOT WRITE IN THIS SPACE

		ومناه ما در عالما		-		3. Date Incorporated or Qualifed		, -	
						07/14/1998			
<b>⊢</b>	lace of Business	2a. Mailing Address				4. FEI Number	L	Applied For	
21	<u></u>			59-2		59-2743094		Not Applicable	
Suite, Apt. #, etc.						5. Certifcate of Status Desired		75 Additional	
22		27					<u> </u>	e Required	
City & Stat	e	City & State				6. Election Campaign Financing		.00 May Be	
23	Country Zip			Country		Trust Fund Contribution		ded to Fees	
Zip		<b>├</b> ─ '	$\neg$	ntry		8. This corporation owes the current year Intal		п.,	
24	25	29 3	0  .			1 Oldonari Toponi, Tax.	☐ Yes	□No	
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent  81 Name				
ROC	CKMAN, LOUIS M		- 1	١,	Name	•		(	
8500 SW 92ND STREET		82 Street Addr		Street Addre	ess (P.O. Box Number is Not Acceptable)				
	MI FL 33156		ŀ	-				(	
			ļ	83				j	
		-	~, =	84	City	FL	85	Zip Code	
L									
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		<del></del>	Agent	signature required v				
12.	OFFICERS ANI	<del></del>	13.		<del></del>	ADDITIONS/CHANGES TO OFFICERS AND			
TITLE	PVD	☐ DELETE	1.1 TIT	LΕ	ĺ	,	☐ Cha	nge 🗌 Addition	
NAME	MASRI, KANAAN		1.2 NAM	ME					
STREET ADDRESS	8240 S.W. 104TH STREET		1.3 STF	REET	ADDRESS				
CITY-ST-ZIP	MIAMI FL 33156		1.4 CIT	Y-ST-	ZIP				
TITLE '	SVTD DELETE		2.1 TITL	2.1 TITLE			☐ Cha	nge 🗌 Addition	
NAME	MASRI, AIECHA		2.2 NA	ME	İ			ł	
STREET ADDRESS	8240 S.W. 104TH STREET		2.3 STR	REET A	ADDRESS			<b>\</b>	
CITY-ST-ZIP	MIAMI FL 33156		2.4 CITY-ST-ZIP		-ZiP				
TITLE	-	☐ DELETE	3.1 TITL	LE	-		☐ Cha	nge 🗀 Addition	
NAME			3.2 NAN	WE					
STREET ADDRESS			3.3 STR	EET A	ADORESS			<b>\</b>	
CITY-ST-ZIP			3.4. CIT	Y-ST-	-ZIP				
TITLE		☐ DELETE	4.1 1111	Œ		. •	☐ Cha	nge 🗌 Addition 🛭	
NAME			4. 2 NA	ME		,		}	
STREET ADDRESS			4.3 STR	REET A	ADDRESS	.'		}	
CITY-ST-ZIP			4.4 CIT	Y-ST-	ŽIP				
TITLE ·		☐ DELETE	5.1 TITL	Œ			Cha	nge 🔲 Addition	
NAME			5.2 NAN	νE	ĺ			[	
STREET ADDRESS		ا خد 🕶 ــ د	5.3 STR	REET A	ADDRESS -	- <u>-</u>			
CITY-ST-ZIP			5.4 CITY	Y-ST-	ZIP		_		
πιε		☐ DELETE	6.1 TITL	Æ			Chai	nge Addition	
NAME			6.2 NAM	ME.	l				

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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE: Y Auction K. Many A Tech

K.MA-SRI

(305)598-4809

Daytime Phone:

(41/08)