

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

08-04-1999 90007 015 ***558.75

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000066821			
1. Corporation Name DKY, INC.			
Principal Place of Business 12790 SOUTH DIXIE HIGHWAY MIAMI FL 33156		Mailing Address 12790 SOUTH DIXIE HIGHWAY MIAMI FL 33156	
DO NOT WRITE IN THIS SPACE			
3. Date Incorporated or Qualified 07/29/1998			
2. Principal Place of Business 21 7227 SW 157 AVE Suite, Apt. #, etc.		2a. Mailing Address 26 7227 SW 157 AVE Suite, Apt. #, etc.	
22 City & State 23 MIAMI, FLORIDA Zip 24 33193 Country 25 USA		27 City & State 28 MIAMI, FLORIDA Zip 29 33193 Country 30 USA	
9. Name and Address of Current Registered Agent PALMER, PAUL 12790 SOUTH DIXIE HIGHWAY MIAMI FL 33156		10. Name and Address of New Registered Agent 81 Name DIMITRIOS KOUTSODENDRIS 82 Street Address (P.O. Box Number is Not Acceptable) 7227 SW 157th Avenue 83 84 City MIAMI FL 85 Zip Code 33193	
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 <i>[Signature]</i> DATE 07/16/99			
(NOTE: Registered Agent signature required when retreating)			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 as an attachment with an address.			
SIGNATURE: <i>[Signature]</i>		DATE: 07/16/99	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		3053886742	

CR2E034 (5/99)