DOCUMENT # P98000074329

1. Corporate Name

KIONKA, INC.

Principal Place of Business	Mailing Address
4176 INVERRAY DRIVE UNIT 404 LAUDERHILL FL 33319	4176 INVERRAY DRIVE UNIT 404 LAUDERHILL FL 33319-4506

FILED
00 JUN 16 PM 12:48
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DO NOT WRITE IN THIS SPACE

5/9/00 90092 031 *150.00

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-0859076 ~~APPLIED FOR~~ ☒ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
AMERILAWYER 343 ALMERIA AVENUE CORAL GABLES FL 33134	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE PD NAME KIANKA, THOMAS E STREET ADDRESS 4176 INVERRAY DRIVE CITY-ST-ZIP LAUDERHILL FL 33319 ☐ Delete	TITLE NAME 600003313086--9 STREET ADDRESS -07/05/00--01075--001 CITY-ST-ZIP ******8.75 ******8.75 ☐ Change ☐ Addition
TITLE VD NAME CALVO, MARCOS F STREET ADDRESS 4176 INVERRAY DRIVE CITY-ST-ZIP LAUDERHILL FL 33319 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE S NAME BURGOS, WALTER STREET ADDRESS 4176 INVERRAY DRIVE CITY-ST-ZIP LAUDERHILL FL 33319 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete	TITLE TREASURER, DIRECTOR NAME CALVO, SELVA STREET ADDRESS 4176 INVERRARY DRIVE APT 404 CITY-ST-ZIP LAUDERHILL, FL. 33319 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with all other like empowered.

SIGNATURE: [signature] 4-28-00 / 6-6-00 (954) 726-8816 KE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #