09211999-90019-049-$550.00-$550.00

099.

AMOUNT DUE ON OR BEFORE 09/15/99: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750).

PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 OCT -5 PM 1:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000081284

1. Corporation Name
KMC MODELS INC.

Principal Place of Business	Mailing Address
16115 SW 117TH AVE.,STE.22 MIAMI FL 33177	16115 SW 117TH AVE.,STE.22 MIAMI FL 33177

9/21/99 90019 049 #550.00

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/14/1998

4. FEI Number: 65-0865308 ☐ Applied For ☐ Not Applicable

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

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

8. This corporation owes the current year intangible Personal Property. ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21 2640 SW UNIVERSITY DRIVE	26 2640 SW UNIVERSITY DRIVE
Suite, Apt. #, etc. 22 APT 325	Suite, Apt. #, etc. 27 APT 325
City & State 23 DAVIE - FL	City & State 28 DAVIE - FL
Zip 24 33328 Country 25 USA	Zip 29 33328 Country 30 USA

9. Name and Address of Current Registered Agent

PEETERS, WILLY
16115 SW 117TH AVE.,STE.22
MIAMI FL 33177

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable): 2640 SW UNIVERSITY DRIVE - APT 325
33
34 City: DAVIE FL 35 Zip Code: 33328

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	PEETERS, WILLY		1.2 NAME		
STREET ADDRESS	~~16115 SW 117TH AVE.,STE.22~~		1.3 STREET ADDRESS	2640 SW UNIVERSITY DRIVE - APT. 325	
CITY-ST-ZIP	~~MIAMI FL 33177~~		1.4 CITY-ST-ZIP	DAVIE FL 33328	
TITLE	D V	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	VERSWIJVEL, JEF		2.2 NAME	VERSWIJVEL JOZEF	
STREET ADDRESS	~~16115 SW 117TH AVE.,STE.22~~		2.3 STREET ADDRESS	3 WEST MAIN STREET	
CITY-ST-ZIP	~~MIAMI FL 33177~~		2.4 CITY-ST-ZIP	ROWLESBURG, WV 26425	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (5/99)

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.

SIGNATURE: SIGNATURE REQUIRED 9/12/99 KE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #