FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P98000084652**1. Corporation Name

KIDISHUNU, CORP.

MOIOTIOTIOT COTT

Principal Place of Business Mailing Address					
4434 N. BAY RD. 4434 N. BAY RD. MIAMI BEACH FL 33140 MIAMI BEACH FL 33140			DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed
					10/01/1998
Principal Place of Business 2a. Mailing Address					4. FELNumber 3553279 Applied For
2126					Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.			5		5. Certificate of Status Desired Security Fee Required
27 27					
23 28					6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip			Country 8. This corporation owes the current year Intangible		
24	25	29 30	•		Personal Property Tax.
24	9. Name and Address of Curre				10. Name and Address of New Registered Agent
			81	Name	ne
BERKOWITZ, ABBEY			82	Stree	eet Address (P.O. Box Number is Not Acceptable)
4434 N. BAY RD.					
MIAMI BEACH FL 33140			83		
			84	City	85 Zip Code
					FL 3 25 300
l office or r	egistered agent, or both, in the Stati	e of Florida. Such change was author ations of, Section 607.0505, Florida	rized by	the cor	ned corporation submits this statement for the purpose of changing its registered orporation's board of directors. I hereby accept the appointment as registered
SIGNATURE					ture required when reinstating) OATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered 12. OFFICERS AND DIRECTORS 13.			att of Again and a state of the		
TITLE	D .		1.1 TITLE		☐ Change ☐ Addition
NAME	BERKOWITZ, ABBEY		1.2 NAME		
STREET ADDRESS	4434 N. BAY RD.		1.3 STREE	TADDRES:	ESS
CITY-ST-ZIP	1		1.4 CITY-S		
· TITLE	MINIM DESCRIPTION		2.1 TITLE		Change Addition
NAME]	2.2 NAME		
STREET ADORESS	•		2.3 STREET		ESS
CITY-ST-ZIP			2. 4 CITY-5	ST-ZiP	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME ,			3.2 NAME		
STREET ADDRESS			3.3 STREE	T ADDRES	ESS .
CITY-ST-ZIP			3.4. CITY- S	ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME		1	4. 2 NAME		
STREET ADDRESS	•	ر	4.3 STREE	TADDRES	ESS
CITY-ST-ZIP	`			T-ZIP	
TITLE		☐ DELETE/	5.1 TITLE		☐ Change ☐ 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 of the corporation of the corporation of the receiver of 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 of the corporation of the corporatio

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

☐ DELETE

SIGNATURE:

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICE OR DIRECTO

4/28/4°

308-672-4543

Daytime Phone #

Change

Addition

May 05, 1999 8:00 am Secretary of State

05-05-1999 90172 004 ***150.00

SR2E034 (11/98)

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