

**PROFIT
CORPORATION
ANNUAL REPORT
1999**


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

DOCUMENT # P98000095026

1. Corporation Name
K & K. ADULT CARE CENTER INC.

Principal Place of Business

7205 NW 87 AVE.
MIAMI FL 33015

Mailing Address

17205 NW 87 AVE.
MIAMI FL 33015

FILED
Jul 13, 1999 8:00 am
Secretary of State

07-13-1999 90007 030 ***150.00

08-11-1999 90016 014 ***408.75



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/10/1998

4. FEI Number

65-0874730

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 Fees8. This corporation owes the current year Intangible
Personal Property Tax.☐ Yes☐ No

9. Name and Address of Current Registered Agent

VALDES, ALFREDO
17205 NW 87 AVE.
MIAMI FL 33015

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

FL

85. Zip Code

1. 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 and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE

NAME **VALDES, ALFREDO**
STREET ADDRESS **17205 NW 87 AVE.**
CITY-STATE-ZIP **MIAMI FL 33015**

TITLE **V** ☐ DELETE

NAME **VALDES, ROSA**
STREET ADDRESS **17205 NW 87 AVE.**
CITY-STATE-ZIP **MIAMI FL 33015**

TITLE **T** ☐ DELETE

NAME **PINEDA, MARIA**
STREET ADDRESS **17205 NW 87 AVE.**
CITY-STATE-ZIP **MIAMI FL 33015**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

4. 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.

SIGNATURE:

Signature Required
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)