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**

•	000		
DOCUM	IENT	#P990	0005

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Corporation Name					- 1	CEABER	450000		
KC SERVICES INTERNATIONAL, INC					SECRETARY OF STATE TALLAHASSEE, FLORIDA				
Principal Place of Business	Mailing Addres	s						•	
7166 NW 50 S treet 7166 NW 50 Stre			t			DO NOT WRI	ITE IN THIS	SPACE	
Miami, FL 33166	Miami, F	L 33166				3. Date Incorporated or Qualifed June 1, 1999		<u> </u>	
2. Principal Place of Business	2a. Mailing Add	iress				4. FEI Number		! ! ''	plied For
<u>:1</u>	26				ļ	65-0931114			t Applicable
Suite, Apt. #, etc.	Suite, Apt.	#, etc.				5. Certifcate of Status Desired		\$8.75 A Fee Re	
City & State	City & State	····				6. Election Campaign Financing		\$5.00	·
3	28	-			İ	Trust Fund Contribution		Added to	-
Zip Country	Zip	(Country		İ	8. This corporation owes the cur-	rent year Inta	angible	
	29	30]	Personal Property Tax.		Yes	□No
9. Name and Address of Current	Registered Agent					10. Name and Address of New I	Registered /	Agent	
Salvador Dipp			81	Name	Lui	is Pajuelo			
2954 SW 38 Av			82	Street /		s (P.O. Box Number is Not Accept 31 Hemmingway Dr	able)		
Miami, FL 33134			00		10/	/31 Hemmingway Dr			
,			83						
			84	City	Was	ston	E I	85 Zig S	ode
Signature, typed or spitted name of registered agent	Luis Pajue and title if applicable.	10 (NOTE: Regis		signature re	required w	Januar ADDITIONS/CHANGES TO OF	y 03, 2		 RS IN 12
	· · · · · · · · · · · · · · · · · · ·	··-	1.1 TITLE			ADDITIONO/ONANGEO TO O	, , , , , , , , , , , , , , , , , , , ,	Change	
ITESTMENT / Direct	or –		1.2 NAME						
NAME Enrique Yi STREET ADDRESS 15125 SW 109 Stree:	t-	1 1	1.3 STREET	ADDRESS					
CITY-ST-ZIP Miami, FL 33196	L		1.4 CTTY-ST	-ZIP					
Treasurer / Directo	or 🗆	DELETE 2	2.1 TITLE	,				Change	□
NAME Yadira Yi	01	2	2.2 NAME			300003	3119	1523	
STREET ADDRESS 15125 SW 109 Stree	t.	2	2.3 STREET	ADDRESS	l	-02/0	01/00	01129-	-003
crry-sr-zip Miami, FL 33196	<u> </u>	-	2. 4 CITY-ST	-ZIP			450,00		.5 <u>0.00</u>
MLE Secretary	Ц		3.1 TITLE					☐ Change	L
NAME Luisa Rouillon	-		3.2 NAME	*DODEO0					
STREET ADDRESS 14300 SW 16 Street			3.3 STREET . 3.4. CITY-ST						
CITY-ST-ZIP Davie, FL 33325		_	4.1 TITLE	•24	 			Change	
NAME									
	_	Ī	4. 2 NAME						
STREET ADDRESS	٦		4. 2 NAME 4.3 STREET	ADDRESS					
STREET ADDRESS CITY-ST-ZIP		4							
STREET ADORESS CITY-ST-ZIP TITLE		4	4.3 STREET		Ĭ			☐ Change	
CITY-ST-ZIP		DELETE 5	4.3 STREET / 4.4 CITY-ST- 5.1 TITLE 5.2 NAME	· ZIP				☐ Change	Addition
CITY-ST-ZIP TITLE		DELETE 5	4.3 STREET / 4.4 CITY-ST- 5.1 TITLE 5.2 NAME 5.3 STREET /	·ZIP ADDRESS				☐ Change	_ ^
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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 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 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Luisa Rouillon SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR January 3, 2000