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 # S68568 1. Corporation Name

KISLAK LIMITED INVESTMENTS, INC.

Principal Place	e of Business	Mailing Address			1				
7900 MIAMI LAKES DRIVE WEST 7900 MIAMI LAKES DRIVE V			ST T		ĺ				
HIALEAH FL 33	016	HIALEAH FL 33016	ALEAH FL 33016			DO NOT WRITE IN THIS SPACE			
					-		IS SPACE		
					1	Date Incorporated or Qualifed		ļ	
						07/22/1991 FEI Number			
2. Principal Place of Business 2a. Mailing Address					1		- - -	Applied For	
21 26						65-0276947		Not Applicable	
Suite, Apt. #, etc.				_	5.	5. Certificate of Status Desired Fee Required			
22 27 27					_				
City & State City & State					6.	6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be			
23		28				Trust Fund Contribution	Added	to Fees	
Zip	Country Zip		Country		8. This corporation gives the current year Intangible for Personal Property Tax - 10397-50 if Yes No				
24	25 29 30								
	9. Name and Address of Current	Registered Agent	81	Name	10.	Name and Address of New Registere	a Agent		
₽DAI	EMAN HOWADD I		81	Ivaine					
BRAFMAN, HOWARD J. 7900 MIAMI LAKES DRIVE WEST			82	Street Addr	Idress (P.O. Box Number is Not Acceptable)				
		•							
MIAN	/II LAKES FL	•	83			·			
		•	84	City			. 85 Zip	Code	
						F	L		
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes,	the abov	e-named corp	poration	submits this statement for the purpose	of changing if	ts registered	
office or r	egistered agent, or both, in the State o m familiar with, and accept the obligati	f Florida, Such change was autho ons of Section 607,0505, Florida	orized by Statutes	the corporations.	ion's bo	pard of directors. I hereby accept the app	ointment as i	egistered	
_	in terminal with and accept the congati	3/10 01, 0000011 001.0000, 1 101.000	Qualitica (j	
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Reg	istered Age	nt signature require	ed when re	einstating) DATE			
12.	OFFICERS AND		13.		1	ADDITIONS/CHANGES TO OFFICERS	AND DIRECT	ORS IN 12	
TIFLE	CPD	☐ DELETE	1.1 TITLE				Change	Addition	
NAME	KISLAK, JAY I		1.2 NAME						
STREET ADDRESS	7900 MIAMI LAKES DR W		1.3 STREET ADDRESS					ľ	
CITY-ST-ZIP	MIAMI LAKES FL		1.4 CITY-ST-ZIP					ļ	
TITLE			2.1 TITLE				☐ Change	Addition	
NAME			2.2 NAME	1					
STREET ADDRESS				T ADDRESS				ĵ	
_	MIAMI LAKES FL.		2.4 CITY-5						
CITY-ST-ZIP	SVPT	.□ DELETE	3.1 TITLE	31-ZIF	<u> </u>		☐ Change	Addition	
	BARTELMO, THOMAS		3.2 NAME				_ "	_	
NAME	7900 MIAMI LAKES DR WEST			TADORESS				ĺ	
STREET ADDRESS	A 11 A 2 A 2 A 2 A 2 A 2 A 2 A 2 A 2 A 2							ı	
CITY-ST-ZIP	··· · · · · · · · · · · · · · · · · ·	☐ OELETE	3.4. CITY-1	51-ZIP			☐ Change	e Addition	
TITLE	VAS	T DETEL					0,1011gc		
NAME	FENELLO, CAROL A		4. 2 NAME					l	
STREET ADDRESS	7900 MIAMI LKS DR W			TADDRESS					
CITY-ST-ZIP	MIAMI LKS FL		4.4 CITY-S	T-ZIP				- [T] A.J.Jisi	
TITLE		☐ DELETE	5.1 TITLE				Change	e 🔲 Addition	
NAME			5.2 NAME	İ					
STREET ADDRESS			5.3 STREE	TADDRESS					

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, with all other like empowered.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME



DELETE

(305) 364-4213

☐ Change

☐ Addition

Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90092 016 ***150.00