

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morfham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 19 AM 11:32

DOCUMENT # **S95961 (6)**

1. Corporation Name
2K INVESTMENT CORP.

Principal Place of Business
**748 N.W. 100TH TERRACE
PLANTATION FL 33324**

Mailing Address
**748 N.W. 100TH TERRACE
PLANTATION FL 33324**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/22/1991	3a. Date of Last Report 04/20/1994
4. FEI Number 65-0310250	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under S. 199.032 Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

468 State International Inc

21. Mailing Address 941 NE 19th Ave	26. Mailing Address 2400 E. Commercial Blvd
22. Suite, Apt #, etc. Suite 301	27. Suite, Apt #, etc. 204
23. City & State Ft. Lauderdale, FL	28. City & State Ft. Lauderdale, FL
24. Zip 33304	25. Country USA
29. Zip 33308	30. Country USA

9. Name and Address of Current Registered Agent OSAMAH, HASAN 941 N.E. 19TH AVENUE STE. 301 FT. LAUDERDALE FL 33304		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	

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, thereby 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) (Not if Registered Agent signature required when filing) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PDT	NAME KAHOOK, NOFAL	11 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	11 NAME Kahook Nofal
STREET ADDRESS 748 NW 100TH TERR	CITY, ST, ZIP PLANTATION FL	12 STREET ADDRESS 2400 E. Commercial Blvd, Suite 204	12 CITY, ST, ZIP Ft. Lauderdale, FL 33309
TITLE VPD	NAME KAHOOK, MOHAMMED	21 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	21 NAME Resigned / Remove
STREET ADDRESS 748 NW 100TH TERR	CITY, ST, ZIP PLANTATION FL	22 STREET ADDRESS	22 CITY, ST, ZIP
TITLE	NAME	31 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	31 NAME Dahshah, Waep
STREET ADDRESS	CITY, ST, ZIP	32 STREET ADDRESS 9005 Vine Yard Lake Drive	32 CITY, ST, ZIP Plantation, FL 33324
TITLE	NAME	41 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	41 NAME
STREET ADDRESS	CITY, ST, ZIP	42 STREET ADDRESS	42 CITY, ST, ZIP
TITLE	NAME	51 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	51 NAME
STREET ADDRESS	CITY, ST, ZIP	52 STREET ADDRESS	52 CITY, ST, ZIP
TITLE	NAME	61 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	61 NAME
STREET ADDRESS	CITY, ST, ZIP	62 STREET ADDRESS	62 CITY, ST, ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 this corporation or the member 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]* **6/12/95** **305-771-3776**
DATE: _____ TELEPHONE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR