

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT
CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 JUL -5 AM 9:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V05618

(6)

1. Corporation Name

AOK INVESTMENTS, INC.

Principal Place of Business

**10421 NW 28 ST
UNIT 115
MIAMI FL 33172**

Mailing Address

**10421 NW 28 ST
UNIT 115
MIAMI FL 33172**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/10/1992

3a. Date of Last Report

05/01/1994

4. FED Number

65-0304779

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

6. Fee for

☐ **\$5.00 May Be
Added to Fees**

8. This corporation has liability for a delinquent fee under s. 193.012, Florida Statutes

☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21. State, Apt #, etc.

27. State, Apt #, etc.

23. City & State

28. City & State

24. Zip

25. Country

29. Zip

30. Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HARRINGTON, KURT
10421 NW 28 ST
UNIT 115
MIAMI FL 33172**

01. Name

02. Federal Tax ID # (P.O. Box Number is Not Accepted)

03.

04. City

FL

05. Zip Code

11. Pursuant to the provisions of Sections 607.0002 and 607.1126, 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 in compliance with and subject to the provisions of Sections 607.0002 through Florida Statutes.

SIGNATURE

Signature of Registered Agent or Registered Agent Not Applicable

Signature of Registered Agent or Registered Agent Not Applicable

Date

12. OFFICERS AND DIRECTORS

13. OFFICERS AND DIRECTORS

NAME	D ALVAREZ, ANDY 10765 SW 110 TERR MIAMI FL
STREET ADDRESS	
CITY, STATE, ZIP	
NAME	D HARRINGTON, KURT 12728 SW 94 CT MIAMI FL
STREET ADDRESS	
CITY, STATE, ZIP	
NAME	
STREET ADDRESS	
CITY, STATE, ZIP	
NAME	
STREET ADDRESS	
CITY, STATE, ZIP	
NAME	
STREET ADDRESS	
CITY, STATE, ZIP	
NAME	
STREET ADDRESS	
CITY, STATE, ZIP	

NAME		☐ Change ☐ Addition
STREET ADDRESS		
CITY, STATE, ZIP		
NAME		☐ Change ☐ Addition
STREET ADDRESS		
CITY, STATE, ZIP		
NAME		☐ Change ☐ Addition
STREET ADDRESS		
CITY, STATE, ZIP		
NAME		☐ Change ☐ Addition
STREET ADDRESS		
CITY, STATE, ZIP		
NAME		☐ Change ☐ Addition
STREET ADDRESS		
CITY, STATE, ZIP		

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 111.07(2)(g), Florida Statutes. I further certify that the information reflected on this annual report or supplementary annual report is true, correct and true and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or the receiver or liquidator in process to complete this report as required by Chapter 143, Florida Statutes, and that my name appears on block 12 or block 13 of this report or on an attachment with an address.

SIGNATURE: *Kurt Harrington* **KURT HARRINGTON**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-27-95 305 599-1999

CR2E034 (3/95)