

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **V73224** (0)
1. Corporation Name
3K MANAGEMENT CORP.



Principal Place of Business: **2400 E COMMERICAL BLVD STE 204 FT LAUDERDALE FL 33308 US**
Mailing Address: **2400 E COMMERCIAL BLVD STE 204 FT LAUDERDALE FL 33308 US**

3. Date Incorporated or Qualified: **10/20/1992**
3a. Date of Last Report: **07/24/1995**
4. FLI Number: **65-0382393**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: **21 9941 SW 4th Street**
22 City & State: **23 Plantation, FL**
24 Zip: **33324** 25 Country: **USA**
2a. Mailing Address: **26 9941 SW 4th Street**
27 City & State: **28 Plantation, FL**
29 Zip: **33324** 30 Country: **USA**

g. Name and Address of Current Registered Agent

**HASAN, OSAMAH
% S & J INTERNATIONAL INVESTMENTS
941 N.E. 19TH AVE., SUITE 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: _____
85 Zip Code: **FL**

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. 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 (if applicable)

2001. Registered Agent signature (to be provided when stating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	D/P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAHOOK, NOFAL	1.2 NAME	Kahook, Nofal
STREET ADDRESS	11020 SW 54TH ST	1.3 STREET ADDRESS	9941 SW 4th Street
CITY-ST-ZIP	FT LAUDERDALE FL	1.4 CITY-ST-ZIP	Plantation, FL 33324
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAHOOK, MOHAMMAD	2.2 NAME	Kahook, mohammad
STREET ADDRESS	11020 SW 54TH ST	2.3 STREET ADDRESS	9941 SW 4th Street
CITY-ST-ZIP	FT LAUDERDALE FL	2.4 CITY-ST-ZIP	Plantation, FL 33324
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	S/T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAHSHEH, WAEL	3.2 NAME	Dahshesh, Wael
STREET ADDRESS	9005 VINEYARD LAKE DR	3.3 STREET ADDRESS	1661 NW 100th Way
CITY-ST-ZIP	PLANTATION FL	3.4 CITY-ST-ZIP	Plantation, FL 33324
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 119.07(3)(k) 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.

SIGNATURE:

Wael Dahshesh
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/6/96 954771 3776
DATE (By the Person)

CR2E034 (12/95)