

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Feb 19 1998 8:00 am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # **V73224**
 1. Corporation Name
3K MANAGEMENT Corp.

Principal Place of Business Mailing Address
~~2400 E. Commercial Blvd. Ste 204 Ft. LAUDERDALE, FL 33308~~
~~2400 E. Commercial Blvd. Ste. 204 Ft. Lauderdale, Fl 33308~~
 US

2. Principal Place of Business 2a. Mailing Address
 21 **5990 (R) N. Federal Hwy** 26 **5990 (R) N. Federal Hwy.**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 22 27
 City & State City & State
 23 **Ft. Lauderdale, FL** 28 **Ft. Lauderdale, FL**
 Zip Country Zip Country
 24 **33308** 25 **US** 29 **33308** 30 **US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/20/1992

4. FEI 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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
HASAN, OSAMAH
% S & S INTERNATIONAL Investments
941 NE 19th AVE, Ste. 301
FT. LAUDERDALE, FL 33304

10. Name and Address of New Registered Agent
 81 Name **Adelita L. Celia**
 82 Street Address (P.O. Box Number is Not Acceptable)
C/O NOFAL'S MGMT. INC.
 83 **5990 (R) N. Federal Hwy**
 84 City **Ft. Lauderdale, FL** 85 Zip Code **33308**

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 *Adelita L. Celia* (NOTE: Registered Agent's signature required when reconstituting) DATE **2/13/98**

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	Kahook, Nofal	
STREET ADDRESS	11020 SW 54th ST	
CITY-ST-ZIP	Ft Lauderdale, FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	Kahook, Mohammad	
STREET ADDRESS	11020 SW 54th ST	
CITY-ST-ZIP	FT LAUDERDALE, FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	DAHSHEN, WAEL	
STREET ADDRESS	9005 WAREYARD LAKE DR	
CITY-ST-ZIP	PLANTATION, FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D/P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Kahook, Nofal	
1.3 STREET ADDRESS	9941 S.W. 4th ST.	
1.4 CITY-ST-ZIP	PLANTATION, FL 33324	
2.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Kahook, Mohammad	
2.3 STREET ADDRESS	9941 SW 4th ST	
2.4 CITY-ST-ZIP	PLANTATION, FL 33324	
3.1 TITLE	SIT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	DAHSHEN, WAEL	
3.3 STREET ADDRESS	1681 N.W. 100th WAY	
3.4 CITY-ST-ZIP	PLANTATION, FL 33322	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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.

SIGNATURE: *Adelita L. Celia* DATE: **2/13/98 (9A) 771-3776**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/97)