

**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~~

2. Principal Place of Business 2a. Mailing Address

21 **5990 (R) N. Federal Hwy** 26 **5990 (R) N. Federal Hwy.**

22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc.

23 City & State **Ft. Lauderdale, FL** 28 City & State **Ft. Lauderdale, FL**

24 Zip **33308** 25 Country **US** 29 Zip **33308** 30 Country **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	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>Kahook, Nofal</b>	
STREET ADDRESS	<b>11020 SW 54th ST</b>	
CITY-ST-ZIP	<b>Ft Lauderdale, FL</b>	
TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>Kahook, Mohammad</b>	
STREET ADDRESS	<b>11020 SW 54th ST</b>	
CITY-ST-ZIP	<b>FT LAUDERDALE, FL</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>DAHSHEN, WAEL</b>	
STREET ADDRESS	<b>9005 WAREYARD LAKE DR</b>	
CITY-ST-ZIP	<b>PLANTATION, FL</b>	
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	<b>D/P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Kahook, Nofal</b>	
1.3 STREET ADDRESS	<b>9941 S.W. 4th ST.</b>	
1.4 CITY-ST-ZIP	<b>PLANTATION, FL 33324</b>	
2.1 TITLE	<b>VP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>Kahook, Mohammad</b>	
2.3 STREET ADDRESS	<b>9941 SW 4th ST</b>	
2.4 CITY-ST-ZIP	<b>PLANTATION, FL 33324</b>	
3.1 TITLE	<b>SIT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>DAHSHEN, WAEL</b>	
3.3 STREET ADDRESS	<b>1681 N.W. 100th WAY</b>	
3.4 CITY-ST-ZIP	<b>PLANTATION, FL 33322</b>	
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)