FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

APPROVED
AND
FILED
95 MAY -1 PM 2:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L12107** **(3)**

1. Corporation Name
KAHOK'S INTERNATIONAL II, INC.

Principal Place of Business
C/O AHMAD KAHOK
181 RARDIN AVENUE
PAHOKEE FL 33476

Mailing Address
C/O AHMAD KAHOK
181 RARDIN AVENUE
PAHOKEE FL 33476

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/25/1989
3a. Date of Last Report: 05/01/1994
4. FEI Number: 30-1645154 ☐ Applied For ☐ Not Applicable
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
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent

KAHOK, AHMAD
181 RARDIN AVENUE
PAHOKEE FL 33476

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. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE
Registered Agent
DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PDS	1.1 TITLE	☒ Change ☐ Addition
NAME	KAHOK, AHMAD	1.2 NAME	
STREET ADDRESS	~~181 RARDIN AVENUE~~	1.3 STREET ADDRESS	1537 BACOM POINT ROAD
CITY-ST-ZIP	PAHOKEE FL	1.4 CITY-ST-ZIP	
TITLE	S	2.1 TITLE	☒ Change ☐ Addition
NAME	CONLEY, ADA B	2.2 NAME	
STREET ADDRESS	~~201 CARISSA DR.~~	2.3 STREET ADDRESS	13600 SW CONNERS HWY
CITY-ST-ZIP	~~PAHOKEE FL~~	2.4 CITY-ST-ZIP	OKEECHOBEE, FL 34974
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ 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 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: Ada B. Conley ADA B. CONLEY 04/28/95 407-924-7602
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date
Daytime Phone #