

FILE NOW: FILING FEE AFTER MAY 1 IS \$65.00

PROFIT CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **P94000026277 (1)**  
1. Corporation Name  
**K-100 INCORPORATION**



Principal Place of Business  
**18999 BISCAYNE BLVD  
#205  
N MIAMI BEACH FL 33180**

Mailing Address  
**2853 STIRLING ROAD  
FT LAUDERDALE FL 33312**

3. Date Incorporated or Qualified  
**04/06/1994**

3a. Date of Last Report  
**09/18/1995**

4. FEI Number  
**65-0482028**

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**

This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business

21 **5901 LAKESHORE DRIVE**

Suite, Apt. #, etc.  
22 **FL LAUDERDALE, FL**

City & State  
23 **33312 DOWNS**

Zip  
24  
Country  
25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28  
29 Zip  
30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WONG, TIN SUI**  
**18999 BISCAYNE BLVD**  
**#205**  
**N MIAMI BEACH FL 33180**

81 Name  
**CHANG, MARIA**

82 Street Address (P.O. Box Number is Not Acceptable)  
**2480 West 71 place**

83  
**Hialeah, FL 33016**

84 City  
**FL** 85 Zip Code  
**33016**

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 607.0305, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**02/2/96**

12. OFFICERS AND DIRECTORS

TITLE	<b>PD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>WONG, TIN SUI</b>	
STREET ADDRESS	<b>4000 NE 172 TERR</b>	
CITY-ST-ZIP	<b>N MIAMI BEACH FL 33182</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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>President</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>MARIA CHANG YOUNG</b>	
1.3 STREET ADDRESS	<b>2480 West 71 place</b>	
1.4 CITY-ST-ZIP	<b>Hialeah, FL 33016</b>	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**02/2/96**

Date

**887-6346**

Daytime Phone #

CR2E034 (12/95)