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 -7 PM 1:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K48539 (6)

1. Corporation Name
KINAL ENTERPRISES, INC.

Principal Place of Business	Mailing Address
C/O ALAN KURZWEIL 5385 PALM AVENUE, SUITE 1 HIALEAH FL 33012	C/O ALAN KURZWEIL 5385 PALM AVENUE, SUITE 1 HIALEAH FL 33012

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/01/1988
3a. Date of Last Report: 03/11/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
4. FEI Number: 65-0090036 ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. (22) / Suite, Apt. #, etc. (27)
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
City & State (23) / City & State (28)
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
Zip (24) Country (25) / Zip (29) Country (30)
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

KURZWEIL, ALAN
5385 PALM AVENUE, SUITE 1
HIALEAH FL 33012

10. Name and Address of New Registered Agent

81 Name: Suetelle Kurzweil
82 Street Address (P.O. Box Number is Not Acceptable): 8641 SW 84 Terrace
83
84 City: Miami FL 85 Zip Code: 33143

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: Suetelle Kurzweil, Secretary — 03-01-95
(Attorney, typed or printed name of registered agent and title, if applicable. NOTE: Registered Agent signature required when mandated) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	11 TITLE	P/D	☒ Change ☐ Addition
NAME	KURZWEIL, ALAN	12 NAME	Jodi Lynn Kurzweil	
STREET ADDRESS	8641 SW 84 TERRACE	13 STREET ADDRESS	555 SE 34 Street, #2408	
CITY-ST-ZIP	MIAMI FL	14 CITY-ST-ZIP	Miami, FL 33137	
TITLE	DV	21 TITLE		☐ Change ☐ Addition
NAME	RICH, KING	22 NAME		
STREET ADDRESS	900 BAY DRIVE #204	23 STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH FL	24 CITY-ST-ZIP		
TITLE	DS	31 TITLE		☐ Change ☐ Addition
NAME	KURZWELL, SUETELLE	32 NAME		
STREET ADDRESS	8641 SW 84 TERRACE	33 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	34 CITY-ST-ZIP		
TITLE	DT	41 TITLE		☐ Change ☐ Addition
NAME	KURZWEIL, JODI LYNN	42 NAME		
STREET ADDRESS	8641 SW 84 TERR	43 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	44 CITY-ST-ZIP		
TITLE		51 TITLE	A/S/D	☐ Change ☒ Addition
NAME		52 NAME	Esta K. Orovitz	
STREET ADDRESS		53 STREET ADDRESS	14020 SW 104th Place	
CITY-ST-ZIP		54 CITY-ST-ZIP	Miami, FL 33176	
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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)(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: Suetelle Kurzweil 03/01/95 305-822-9555
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER OR DIRECTOR — Date — Daytime Phone #

0080424 CP