

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90135 008 ***150.00

DOCUMENT # K48539

1. Corporation Name

KINAL ENTERPRISES, INC.

Principal Place of Business

C/O ALAN KURZWEIL
5385 PALM AVENUE, SUITE 1
HIALEAH FL 33012

Mailing Address

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

4. FEI Number

65-0090036

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 owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

9. Name and Address of Current Registered Agent

KURZWEIL, SUETELLE
8641 SW 84TH TERRACE
MIAMI FL 33143

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **PD**
STREET ADDRESS **KURZWEIL, JODI L**
CITY-ST-ZIP **555 SE 34TH STREET, #2408**
MIAMI FL

TITLE ☐ DELETE
NAME **DV**
STREET ADDRESS **RICH, KING**
CITY-ST-ZIP **900 BAY DRIVE #204**
MIAMI BEACH FL

TITLE ☐ DELETE
NAME **DS**
STREET ADDRESS **KURZWELL, SUETELLE**
CITY-ST-ZIP **8641 SW 84 TERRACE**
MIAMI FL

TITLE ☐ DELETE
NAME **DT**
STREET ADDRESS **KURZWEIL, JODI LYNN**
CITY-ST-ZIP **8641 SW 84 TERR**
MIAMI FL

TITLE ☐ DELETE
NAME **ASD**
STREET ADDRESS **OROVITZ, ESTA K**
CITY-ST-ZIP **14020 SW 104TH PLACE**
MIAMI FL

TITLE ☐ DELETE
NAME **VP**
STREET ADDRESS **KURZWEIL, ALAN**
CITY-ST-ZIP **8641 SW 84TH TERRACE**
MIAMI FL 33143

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED **Alan Kurzweil, Vice-Pres.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-15-99

Date

305-822-9555

Daytime Phone #

CR2E034 (11/98)