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May 05, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # P93000058998

1. Corporation Name
 KENDALL CREDIT AND BUSINESS SERVICE, INC.



Principal Place of Business Mailing Address
 7990 SW 117 AVE SUITE 100 MIAMI FL 33183 US
 6855 RED RD #600 CORAL GABLES FL 33143 US

DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified
 08/18/1993
 4. FEI Number Applied For
 65-0434778 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

9. Name and Address of Current Registered Agent
 LEHMAN, JODY
 6855 RED RD #600
 CORAL GABLES 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 P DELETED
 NAME KEELEY, BRIAN E
 STREET ADDRESS 8900 N. KENDALL DRIVE
 CITY-ST-ZIP MIAMI FL 33176
 TITLE V DELETED
 NAME HUNTLEY, LEE S
 STREET ADDRESS 8900 N KENDALL DR
 CITY-ST-ZIP MIAMI FL
 TITLE V DELETED
 NAME CONDRON, EDWARD L
 STREET ADDRESS 7990 SW 117 AVE, SUITE 135
 CITY-ST-ZIP MIAMI FL
 TITLE ST DELETED
 NAME LAWSON, RALPH E
 STREET ADDRESS 8900 N. KENDALL DRIVE
 CITY-ST-ZIP MIAMI FL 33176
 TITLE DELETED
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 TITLE DELETED
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
 1.1 TITLE V Change Addition
 1.2 NAME Wendy Greenfield
 1.3 STREET ADDRESS 8900 N. Kendall Drive
 1.4 CITY-ST-ZIP Miami, FL 33176
 2.1 TITLE V Change Addition
 2.2 NAME Javier Hernandez-Lichtl
 2.3 STREET ADDRESS 8900 N. Kendall Dr.
 2.4 CITY-ST-ZIP Miami, FL 33176
 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 4/30/99 305-5961960
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)