

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

900001830449
-05/20/96--01073--031
***208.75

DOCUMENT # P94000013424 (4)

1. Corporation Name

THE KENBRIDGE HOLDING CORP.



Principal Place of Business: C/O MICHAEL STEVEN GREENE, ESQ. 201 S BISCAYNE BLVD. SUITE 900 MIAMI FL 33131 US

Mailing Address: C/O MICHAEL STEVEN GREENE, ESQ. 201 S BISCAYNE BLVD. SUITE 900 MIAMI FL 33131 US

3. Date Incorporated or Qualified: 02/15/1994
3a. Date of Last Report: 05/01/1995
4. FEI Number: 65-0468675
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 1221 BRICKELL AVENUE, 22 SUITE 1800, 23 MIAMI FL
2a. Mailing Address: 26 1221 BRICKELL AVENUE, 27 SUITE 1800, 28 MIAMI FL
24 Zip: 33131, 25 Country: USA, 29 Zip: 33131, 30 Country: USA

9. Name and Address of Current Registered Agent: GREENE, MICHAEL S, 201 S BISCAYNE BLVD, SUITE 900, MIAMI FL 33131

10. Name and Address of New Registered Agent: 81 Name: LUIS PARAJON, 82 Street Address: 1221 BRICKELL AVENUE, 83 SUITE 1800, 84 City: MIAMI, 85 Zip Code: 33131

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 607.0503, Florida Statutes.

SIGNATURE: Luis Parajon, VP

4/16/96

12. OFFICERS AND DIRECTORS

TITLE	TD	<input type="checkbox"/> DELETE
NAME	PARAJON, LUIS	
STREET ADDRESS	%201 S BISCAYNE BLVD, SUITE 900	
CITY-STATE-ZIP	MIAMI FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	FARAH, EDWARD	
STREET ADDRESS	%201 S BISCAYNE BLVD, SUITE 900	
CITY-STATE-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MAMUJEE, RASHIDA	
STREET ADDRESS	%201 S BISCAYNE BLVD, SUITE 900	
CITY-STATE-ZIP	MIAMI FL 33131	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HUARTE, JUAN F	
STREET ADDRESS	%201 S BISCAYNE BLVD, SUITE 900	
CITY-STATE-ZIP	MIAMI FL 33131	
TITLE	D	<input type="checkbox"/> DELETE
NAME	QUIROS, JAVIER F	
STREET ADDRESS	%201 S BISCAYNE BLVD, SUITE 900	
CITY-STATE-ZIP	MIAMI FL 33131	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HONIBALL, ROBERT	
STREET ADDRESS	%201 S BISCAYNE BLVD, SUITE 900	
CITY-STATE-ZIP	MIAMI FL 33131	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	
13. STREET ADDRESS	1221 BRICKELL AVENUE, STE. 1800
14. CITY-STATE-ZIP	MIAMI, FL 33131
2. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	
23. STREET ADDRESS	c/o 1221 BRICKELL AVENUE, STE. 1800
24. CITY-STATE-ZIP	MIAMI, FL 33131
3. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME	
33. STREET ADDRESS	c/o 1221 BRICKELL AVENUE, STE. 1800
34. CITY-STATE-ZIP	MIAMI, FL 33131
4. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME	
43. STREET ADDRESS	c/o 1221 BRICKELL AVENUE, STE. 1800
44. CITY-STATE-ZIP	MIAMI, FL 33131
5. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME	
53. STREET ADDRESS	c/o 1221 BRICKELL AVENUE, STE. 1800
54. CITY-STATE-ZIP	MIAMI, FL 33131
6. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME	
63. STREET ADDRESS	c/o 1221 BRICKELL AVENUE, STE. 1800
64. CITY-STATE-ZIP	MIAMI, FL 33131

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: Luis Parajon, Treasurer/Director

4/16/96 (305) 372 0600
SG 5-1-96

CR2E034 (12/95)