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Apr 28 1997 8:00am
Secretary of State



PROFIT CORPORATION ANNUAL REPORT 1997

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

DOCUMENT # P94000013424 (4)

1. Corporation Name
THE KENBRIDGE HOLDING CORP.



200002156652
-04/28/97--01076--026
***347.50

Principal Place of Business
1221 BRICKELL AVENUE
SUITE 1800
MIAMI FL 33131
US

Mailing Address
1221 BRICKELL AVENUE
SUITE 1800
MIAMI FL 33131-3260
US

3. Date Incorporated or Qualified 02/15/1994
3a. Date of Last Report 05/01/1996

2. Principal Place of Business
21 8255 SW 152 AVE.
2a. Mailing Address
26 8255 SW 152 AVE.

4. FEI Number 65-0468675
Applied For Not Applicable

22 #101
27 #101

5. Certificate of Status Desired \$8.75 Additional Fee Required

23 MIAMI FL
28 MIAMI FL

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

24 33193 USA
25 USA
29 33193
30 USA

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PARAJON, LUIS
1221 BRICKELL AVENUE
SUITE 1800
MIAMI FL 33131

81 Name PARAJON, LUIS
82 Street Address (P.O. Box Number is Not Acceptable) 8255 SW 152 AVENUE #101
83 #101
84 City MIAMI FL
85 Zip Code 33193

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 *Luis Parajon VP* LUIS PARAJON 4/15/97
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	TD	<input type="checkbox"/> DELETE
NAME	PARAJON, LUIS	
STREET ADDRESS	1221 BRICKELL AVENUE STE 1800	
CITY - ST - ZIP	MIAMI FL 33131	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	FARAH, EDWARD	
STREET ADDRESS	1221 BRICKELL AVENUE STE 1800	
CITY - ST - ZIP	MIAMI FL 33131	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MAMUJEE, RASHIDA	
STREET ADDRESS	1221 BRICKELL AVENUE STE 1800	
CITY - ST - ZIP	MIAMI FL 33131	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HUARTE, JUAN F	
STREET ADDRESS	1221 BRICKELL AVENUE STE 1800	
CITY - ST - ZIP	MIAMI FL 33131	
TITLE	D	<input type="checkbox"/> DELETE
NAME	QUIROS, JAMIER F	
STREET ADDRESS	1221 BRICKELL AVENUE STE 1800	
CITY - ST - ZIP	MIAMI FL 33131	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HONIBALL, ROBERT	
STREET ADDRESS	1221 BRICKELL AVENUE STE 1800	
CITY - ST - ZIP	MIAMI FL 33131	

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	c/o 8255 SW 152 AVE #101 ADDRESS
1.4 CITY - ST - ZIP	MIAMI FL 33193
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	c/o 8255 SW 152 AVE #101
2.4 CITY - ST - ZIP	MIAMI FL 33193
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	c/o 8255 SW 152 AVE #101
3.4 CITY - ST - ZIP	MIAMI FL 33193
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	c/o 8255 SW 152 AVE #101
4.4 CITY - ST - ZIP	MIAMI FL 33193
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	c/o 8255 SW 152 AVE #101
5.4 CITY - ST - ZIP	MIAMI FL 33193
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	c/o 8255 SW 152 AVE #101
6.4 CITY - ST - ZIP	MIAMI FL 33193

14. I do 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 applicable, or on an attachment with an address.

SIGNATURE: *Luis Parajon VP* LUIS PARAJON 4/15/97 (605) 387-8786
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)