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**Jan 24 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 # P94000040792 (1)

1. Corporation Name
KENDALL ENTERPRISES, INC.



Principal Place of Business
**9601 E. TREASURE DRIVE
#717
NORTH BAY VILLAGE FL 33141
US**

Mailing Address
**7601 E. TREASURE DRIVE
#717
NORTH BAY VILLAGE FL 33141-4344
US**

3. Date Incorporated or Qualified 05/27/1994	3a. Date of Last Report 02/05/1996
4. FEI Number 65-0495496	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 3100 NW 72 AV.	26 3100 NW 72 AV.
Suite, Apt. #, etc. 22 128	Suite, Apt. #, etc. 27 128
City & State 23 Miami FL	City & State 28 Miami FL
Zip 24 33122	Country 25 U.S.A.
29 33122	30 U.S.A.

9. Name and Address of Current Registered Agent
**ERNESTO FERREIRA J
7601 E. TREASURE DRIVE
NO. 717
NORTH BAY VILLAGE FL 33141**

10. Name and Address of New Registered Agent

81 Name ERNESTO FERREIRA
82 Street Address (P.O. Box Number is Not Acceptable) 3100 N.W. 72 AV.
83 No. 128
84 City Miami
85 Zip Code FL 33122

11. Pursuant to the provisions of Sections 607.0502 and 607.1509, 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]* DATE: **1/14/97**

Signature of officer or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE VT	<input type="checkbox"/> DELETE
NAME ROCHA, ALDYR J	
STREET ADDRESS 7601 E. TREASURE DRIVE, NO. 717	
CITY-ST-ZIP NORTH BAY VILLAGE FL	
TITLE PS	<input type="checkbox"/> DELETE
NAME FERREIRA, ERNESTO	
STREET ADDRESS 7601 E. TREASURE DRIVE NO. 717	
CITY-ST-ZIP NORTH BAY VILLAGE FL	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME ROCHA, ALDYR J	
1.3 STREET ADDRESS 10390 SW. 167 ST.	
1.4 CITY-ST-ZIP Miami, FL 33157	
2.1 TITLE PS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME FERREIRA, ERNESTO	
2.3 STREET ADDRESS 3100 NW 72 AV NO. 128	
2.4 CITY-ST-ZIP Miami, FL 33122	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 changed, or on an attachment with an address.

SIGNATURE: *[Signature]* DATE: **1/14/97** DAYTIME PHONE: **(305) 5913152**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
ERNESTO FERREIRA

CR2E034 (9/96)