Apr 09, 1999 8:00 am Secretary of State

04-09-1999 90010 008 ***150.00

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**

DOCUMENT # P9700032108

1. Corporation Name

KENDALL FIRST PURCHASING, INC.

Principal Place of Business Mailing Address						() DO STOREN LICE TO STATE CORNER BROKE CONTRIBUTION OF SEASON SETTING THOSE TRANSPORTED SETTING TO A CONTRIBUTION OF SETTING TO A
-						
109-05 N KENDALL DR 109-05 N KENDALL DR SUITE 412 SUITE 412						
MIAMI FL 33176	}	MIAMI FL 33176				DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualifed
						04/09/1997
Principal Place of Business 2a. Mailing Address			ess			4. FEI Number Applied For
21		26				65-0750827 Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #,	Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional
22		27				Fee Required
City & Stat	e	City & State	City & Stater			6. Election Campaign Financing - \$5.00 May Be
23		28				Trust Fund Contribution Added to Fees
Žip	Country	Zip Cour			,	8. This corporation owes the current year Intangible
24	25	29	30			Personal Property Tax. Yes XNo
	9. Name and Address of Current	Registered Agent		81	Name	10. Name and Address of New Registered Agent
DEDI	DIGMAND OF ALIDE			0'	Name	<u>.</u>
PERPIGNAND, CLAUDE				82 Street Address (P.O. Box Number is Not Acceptable)		
109-05 N KENDALL DR SUITE 412						
	AI FL 33176			83		
What w	MITE 331/0			84	City	y 85 Zip Code
				丄	<u>L</u>	' FL T T T T T T T T T
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				nt signature	sture required when reinstating) DATE
12.	OFFICERS AN		13 LETE 1.13			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PERDICULAND CLAUDE			IIILE		
NAME	PERPIGNAND, CLAUDE	440		VAME		
STREET ADDRESS	109-05 N KENDALL DR, SUITE	412			FADDRESS	ESS
CITY-ST-ZIP	MIAMI FL 33176			CITY-S	T-ZIP	☐ Change ☐ Addition
TITLE		☐ DELETE 2.11				
NAME	221					
STREET ADDRESS	· 		1		FADDRESS	IESS
CITY-ST-ZIP				CITY-S	T-ZIP	_ Change ☐ Addition
TITLE	□ DELETE. 3.1 T			<u> </u>	Change Addition	
NAME				NAME		
STREET ADDRESS			3		ADDRESS	RESS
CITY-ST-ZIP				CiTY-8	T-ZIP	☐ Change ☐ Addition
TITLE		ان 🗀 نا		ULTE		Change Addition
NAME				NAME		
STREET ADDRESS			4.3 \$	STREE	T ADDRESS	RESS
CITY-ST-ZIP				CITY-S	1-ZIP	
TITLE		∐ DI		TITLE		☐ Change ☐ Addition
NAME				NAME		
STREET ADDRESS					TADDRESS	IESS
CITY-ST-ZIP	ı			CFTY-S	T-ZIP	
TITLE		□ DE		TITLE		☐ Change ☐ Addition
			6.21	NAME		

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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS