**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P98000082832

Corporation Name

KENDALL EXPRESS, INC.

FILED Apr 13, 1999 8:00 am Secretary of State

04-13-1999 90029 040 \*\*\*150.00

Principal Place of Business Mailing Address							1110 11241 10	186 (11(8 1)6) (69)	
7628 SW 117TH AVENUE 7628 SW 117TH AVENUE MIAMI FL 33183 MIAMI FL 33183						DO NOT WRITE IN THIS	SPACE		
						3. Date Incorporated or Qualifed			
						09/24/1998			ĺ
2 Principal Pl	ace of Business	2a. Mailing Address				4 FEI Number		Applied For	
21		26				65-0875906 Not Applicable			ĺ
Suite, Apt. #, etc.		Suite, Apt. #, etc.				<u> </u>	\$8.75	Additional	Ì
22		27			+ _	5. Certificate of Status Desired Fee Required			
City & State		City & State				6. Election Campaign Financing \$5.00 May Be			
23		28				Trust Fund Contribution Added to Fees			
Zip			Cou	6. This corporation of the fact of the fac					
24	25	29	30		_	Personal Property Tax.			1
_	9, Name and Address of Curren	t Registered Agent		81	Name	10. Name and Address of New Registered	Agent		ĺ
I EWI	S, MAZEN				varne				
	SW 117TH AVENUE		82 Street Ad			ss (P.O. Box Number is Not Acceptable)			ł
	II FL 33183			83					1
14117-014	11 1 2 33 103			03			_		}
				84 (	City	FL	85 Zi	ip Code	
A4 Durawant	to the previous of Sections 607.050	2 and 607 1508 Florida Statu	tes the a	hove-n	amed como	ration submits this statement for the purpose of		its registered	1
office or re	egistered agent, or both, in the State of familiar with, and accept the obligations.	of Florida. Such change was a	authorized	i by the	e corporation	's board of directors. I hereby accept the appoin	ntment as	registered	
SIGNATURE						when reinstation) DATE		<del></del>	١.
	Signature, typed or printed name of registered agen		<del></del> -	Agent si	gnature required	when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AN	D DIBEC	TOPS IN 12	ĺ
12.	OFFICERS AND DIRECTORS  DELETE		13.	13. 1.1 TITLE		ADDITIONS/CHANGES TO OFFICERS AN	Chang		1
TITLE	PD	D occerc	1.2 N		l	•		_	1
NAME	LEWIS, MAHER 7628 SW 117TH AVENUE				NODE CC				3
STREET ADDRESS	MIAMI FL 33183			1.3 STREET ADDRESS 1.4 City-St-zip					٢
CITY-ST-ZIP TITLE	VTSD			TLE	JF		☐ Chang	ge	ן כֿ
NAME I	LEWIS, MAZEN		2.2 N						
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CITY-ST-ZIP			4.4 C	TY-ST-Z	3P				
TITLE			5.1 ∏				☐ Chang	ge 🔲 Addition	
NAME			5.2 N	AME					
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CITY-ST-ZIP			5.4 C	TY-ST-Z	IP .				
TITLE		☐ DELETE	6.1 TI	TLE		<del></del>	☐ Chang	ge 🔲 Addition	
NAME			6.2 N	AME					
STREET ADDRESS	•	•	6.3 S	TREET A	DDRESS				
CITY-ST-ZIP			6.4 C	TY-\$T-Z	iP				

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:

TURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR