

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

PROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Frank B. Matheson
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **274856** (4)

1. Corporation Name
KENDAR CORPORATION



Principal Place of Business Mailing Address
**1550 MADRUGA AVE
3 FL
CORAL GABLES FL 33146**

2. Principal Place of Business 2a. Mailing Address
21 State Apt. #, etc. 26 State Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip 29 Country 30 Country

3. Date Incorporated or Qualified **10/18/1963** 3a. Date of Last Report **05/01/1995**
4. FEI Number **59-1360387** Applied For Not Applicable
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

9. Name and Address of Current Registered Agent
**ROSEN, K D
1500 MADRUGA AVE
S322
CORAL GABLES FL 33146**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Numbers Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 602.0672 and 602.1504, Florida Statutes, the above named corporation submits the 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, hereby a receipt by appointment as registered agent. I am familiar with and I accept the obligations of, Section 602.0672, Florida Statutes.

SIGNATURE _____ Date of Signature _____

12. OFFICERS AND DIRECTORS
TITLE [] DELETE
NAME **PD ROSEN, KENNETH D.**
STREET ADDRESS **1550 MADRUGA AVE**
CITY-STATE-ZIP **CORAL GABLES FL**
TITLE [] DELETE
NAME **BARO, ALICIA S.**
STREET ADDRESS **271 NW 64TH AVE**
CITY-STATE-ZIP **MIAMI FL**
TITLE [] DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP
TITLE [] DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP
TITLE [] DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP
TITLE [] DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
14 TITLE [] Change [] Addition
15 NAME
16 STREET ADDRESS
17 CITY-STATE-ZIP
18 TITLE [] Change [] Addition
19 NAME
20 STREET ADDRESS
21 CITY-STATE-ZIP
22 TITLE [] Change [] Addition
23 NAME
24 STREET ADDRESS
25 CITY-STATE-ZIP
26 TITLE [] Change [] Addition
27 NAME
28 STREET ADDRESS
29 CITY-STATE-ZIP
30 TITLE [] Change [] Addition
31 NAME
32 STREET ADDRESS
33 CITY-STATE-ZIP

14. I do hereby certify that the information supplied in this filing complies with the requirements for the exemption stated in Section 119.07(3)(4), Florida Statutes. I further certify that the information included in this filing complies with the requirements for reporting and disclosure of any signature shall have the same legal effect as if made under oath, that I am an officer or director of this corporation, and that I am a resident of the State of Florida, as required by Chapter 602, Florida Statutes, and that my name appears in Block 12 or Block 13, or on an attached sheet with my address.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Kenneth D. Rosen

4/5/96 (305) 661-1550

CR2E034 (12/95)