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95 MAY -1 AM 9:19

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

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-05/09/95--01110--015
****200.00 ****200.00**

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # 392996 (5)

1. Corporation Name

~~KIM 'N' LEN, INC.~~

KIM 'N' LEN, INC.

Principal Place of Business

**15422 N.E. 21ST AVE.
NORTH MIAMI BEACH FL 33162**

Mailing Address

**15422 N.E. 21ST AVE.
NORTH MIAMI BEACH FL 33162**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/21/1971

3a. Date of Last Report

04/29/1994

4. FEI Number

65-0138234

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

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc

Suite, Apt. #, etc

22 City & State

27 City & State

23 ZIP

Country

28 ZIP

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**ACKERMAN, STEVEN M.
7328 SW 48TH ST.
MIAMI FL 33155**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

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 and title if applicable)

(NOTE: Registered agent signature required when substituting)

(DATE)

12. OFFICERS AND DIRECTORS

TITLE

PD

NAME

CHAN, JOHN K

STREET ADDRESS

15422 N.E. 21ST AVE.

CITY - ST - ZIP

NORTH MIAMI BEACH FL

TITLE

STD

NAME

CHAN, ELAINE

STREET ADDRESS

15422 N.E. 21ST AVE.

CITY - ST - ZIP

NORTH MIAMI BEACH FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

Change Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

5/1/95 MST

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(9)(A), Florida Statutes. I further certify that the information included 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 on an attachment with an address.

SIGNATURE:

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

4/27/95 305-944-6688