## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

KEN-BERN, INC.



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 436182

(0)

## 1997

**FILED** 

Apr 28 1997 8:00am

Secretary of State

Principal Place of Business 824 CRANDON BLVD. KEY BISCAYNE FL 33149-2008		Mailing Address 624 CRANDON BLVD. KEY BISCAYNE FL 33149-2008						
					3. Date Incorporated or Qualified 09/17/1973	3a, Date 01/23	of Last R /1996	eport
2, Principal	Place of Business	2a. Mailing Address						plied For
21	D		26			59-1490052		t Applicable
Suite Apt	: #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 / Fee Re	
City & Sta	le	City & State			6. Election Campaign Financing		\$5.00	
23	•••	28			Trust Fund Contribution		Added	
Zip	Country	Zıp	Country	y	8. This corporation has liability for	intangible ta	x under s	. 199.032,
24	25	29	30		Florida Statutes	Yes 🔲	No	
	g. Name and Address of C	urrent Registered Agent			10. Name and Address of New Re	gistered Ag	ent	
	BIN (DAVID K.)		81	Name				
	740 S.W. 82 AVENUE		62	Street A	ddress (P.O. Box Number is Not Acceptate	ole)		
MU	MI FL			ļ				
			83	1				
			84	City		<b>—</b> 1	<b>85</b> Zip	Code
				<u> </u>	orporation submits this statement for the pration's board of directors. I hereby acce	FL		
12.		S AND DIRECTORS	13.	n erutangia tneg	equired when reinstating) ADDITIONS/CHANGES TO OFFI			
11111	VPD V	☐ DELETE	1.1 TITLE			L	_] Change	Additio
NAME	RUBIN,DAVID K. 13740 S.W. 82ND AVE.		1.2 NAME	Į				
STREET ADDRESS	MIAMI FL			T ADDRESS				
CHY-SI-7IF	MIAMI FL	DELETE	1.4 City-	ST-ZIP	<u> </u>	<del></del>	Change	Additio
TITLE	RUBIN, BERNICE	(K) hereig	21 TITLE		NOTALD NOOM -		_ Change	LEI ROUIIO
NAME	10740 CHE COND AVE		2.2 NAME	T ADDRESS				
STREET ADDRESS	MIAMI FL		2.4 CITY	· i				/
DITY ST-ZIP	PD	DELETE	3.1 FITLE		S/D .	T	Change	Additio
NAME	RUBIN, MICHAEL	<del>_</del>	3.2 NAME		RONALD RUBIN			
STREET ADDRESS	EASE CUMODECT DO		3.3 STREE	T ADDRESS	RONALD RUBIN 13850-S.W. 61CT.			
City - St - Zip	MIAMI FL		3.4. CITY		MIANI, FL.			
Title		DELETE	4,1 TITLE				Change	Additio
NAME			4. 2 NAMI	:	•			
STREET ADDRESS	5		4.3 STREE	T ADDRESS				
C(TY - S1 - 7)P		·····	4.4 CITY-			· · · · · · · · · · · · · · · · · · ·	10	1.420
DILE		☐ DELETE	5.1 TITLE	1		i.	Change	Additio
NAME			5.2 NAME					
STREET ADDRESS	S	,		T ADDRESS				
CrTY+St-7iP			5.4 CITY-				Change	Additio
TITLE		☐ DELETE	6.1 TITLE	1		L.	Onange	L Additio
NEMÍ			6.2 NAME					

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.

6.3 STREET ADDRESS 6.4 CITY - ST - ZIP

NAMÉ STREET ADDRESS

CITY-ST-ZIP