

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

FILED

Mar 10 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # 651570 (4)  
1. Corporation Name  
KENLAND CORP.



Principal Place of Business  
1355 W. 53RD ST., APT #320  
HIALEAH FL 33012

Mailing Address  
1355 W. 53RD ST., APT #320  
HIALEAH FL 33012-3074

3. Date Incorporated or Qualified 11/21/1979  
3a. Date of Last Report 05/01/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number 59-1952938	Applied For Not Applicable
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22 City & State	27 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
23 Zip Country	28 Zip Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
24	29	30	

9. Name and Address of Current Registered Agent

SALAZAR, EDUARDO  
1355 W. 53RD ST., APT #320  
HIALEAH FL 33012

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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

*EDUARDO SALAZAR - President*

*2-28-97*

Signature of officer or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	11 TITLE	Change Addition
NAME	STREET ADDRESS	12 NAME	
CITY - ST - ZIP	MIAMI FL	13 STREET ADDRESS	
TITLE	NAME	14 CITY - ST - ZIP	Change Addition
NAME	STREET ADDRESS	21 TITLE	
CITY - ST - ZIP	MIAMI FL	22 NAME	
TITLE	NAME	23 STREET ADDRESS	
NAME	STREET ADDRESS	24 CITY - ST - ZIP	Change Addition
CITY - ST - ZIP	MIAMI FL	31 TITLE	
TITLE	NAME	32 NAME	
NAME	STREET ADDRESS	33 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	34 CITY - ST - ZIP	Change Addition
TITLE	NAME	41 TITLE	
NAME	STREET ADDRESS	42 NAME	
CITY - ST - ZIP		43 STREET ADDRESS	
TITLE	NAME	44 CITY - ST - ZIP	Change Addition
NAME	STREET ADDRESS	51 TITLE	
CITY - ST - ZIP		52 NAME	
TITLE	NAME	53 STREET ADDRESS	
NAME	STREET ADDRESS	54 CITY - ST - ZIP	Change Addition
CITY - ST - ZIP		61 TITLE	
TITLE	NAME	62 NAME	
NAME	STREET ADDRESS	63 STREET ADDRESS	
CITY - ST - ZIP		64 CITY - ST - ZIP	Change Addition

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*EDUARDO SALAZAR*

Date

Daytime Phone #

*2-28-97*

CR2E034 (9/96)