

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

FILED

Mar 21 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 # **683522** (7)  
1. Corporation Name  
**KENDALL PLASTICS CORPORATION**



Principal Place of Business

10461 S.W. 186TH LANE  
MIAMI FL 33157

Mailing Address

10461 S.W. 186TH LANE  
MIAMI FL 33157-6721

2. Principal Place of Business

21 | 18014 SW 83 Court  
Suite, Apt. #, etc.

22 | City & State

23 | Miami, FL  
City State

24 | 33157 25 | USA  
Zip Country

2a. Mailing Address

26 | 18014 SW 83 Court  
Suite, Apt. #, etc.

27 | City & State

28 | Miami, FL  
City State

29 | 33157 30 | USA  
Zip Country

3. Date Incorporated or Qualified  
09/26/1980

3a. Date of Last Report  
03/11/1996

4. FEI Number

59-2039969

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

RIST, KARSTEN  
18014 S.W. 83RD COURT  
MIAMI FL 33157

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: KARSTEN A. RIST Karsten A. Rist 3/17/97  
By signing, the signatory certifies that he is a resident of the State of Florida. (NOTE: Registered Agent's signature required when registering.) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	RIST, KARSTEN	
STREET ADDRESS	18014 S.W. 83RD COURT	
CITY-STATE-ZIP	MIAMI FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	RIST, CAROL	
STREET ADDRESS	18014 S.W. 83RD COURT	
CITY-STATE-ZIP	MIAMI FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	RIST, CAROL	
STREET ADDRESS	18014 S.W. 83RD COURT	
CITY-STATE-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-STATE-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-STATE-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-STATE-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-STATE-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-STATE-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-STATE-ZIP	

14. I, the undersigned, 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: Karsten A. Rist  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/08/97 255-5275  
(305) 255-2244  
Date Day and Phone #

CR2E034 (9/96)