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

**PROFIT CORPORATION ANNUAL REPORT** 1998



LLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

**FILED** Apr 21 1998 8:00am Secretary of State

KENDA	ALL D.Q., INC.								
Principal Place	e of Business	 Mi	ailing Address					<b>3181: 919</b> 11 <b>9</b> 11	)
13027 S.W. 8	7TH AVE	F	P.O. BOX 562076						
MIAMI FL 33176			MIAMI FL 33156				DO NOT WRITE IN THIS S	PACE	
U\$			U\$				3. Date Incorporated or Qualified		
							07/15/1981		
9 Principal PI	lace of Business	1 2a	2a, Mailing Address				4. FEI Number	I IA	polied For
21			26				59-2100090	<u> </u>	ot Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.						Additional
22			27				5. Certificate of Status Desired	Fee R	equired
City & State			City & State				6. Election Campaign Financing	\$5.00	May Be
23			[28]				Trust Fund Contribution Added to Fees		
Zip	Country		Zip Cour		try		8. This corporation owes or has paid the current year Intangible		
24	25	29		30			Personat Properly Tax due June 30. Yes No		
g. Name and Address of Curren			Registered Agent			Name	10. Name and Address of New Registered	Agent	
BURGIN, JAMES B				ľ	B1	Name			
13027 S.W. 87TH AVE MIAMI FL 33176					32	Street Addre	ess (P.O. Box Number is Not Acceptable)		
					83				
					33				
				ŧ	84	City	FL	85 Zip	Code
44.5		Tita 607 0100 and 6	02 31 00 Clasida Stabil	on the abo		named corp	oration submits this statement for the nursess of	changing	its registered
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 register office or registered agent, or both, in the State of Horida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registere agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.									
agent. I a	m <b>ilam</b> iliar with, and acc	ept the obligations o	f, Section 607.0505, FI	orida Statu	tes				
SIGNATURE				r salamaa			od when reinstating) DATE		
12.	Signature, typed or printed name	FLICERS AND DIREC		13.	Agei	ili signalcie requit	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTO	BS IN 12
TOLE	PDS	DELETE			1.1 TRLE			Change	Addition
NAME	BURGIN, JAMES	В			Æ				ĺ
STREET ADDRESS	13027 SW 87 AV				1.3 STREET ADDRESS				
CITY-ST-ZIP	MIAMI FL	_			1.4 CITY-S1-7IP				į
TITLE	<u></u>	· · · · · · · · · · · · · · · · · · ·	DELETE	2.1 1111				Change	Addition
NAME					۸E				į
STREET ADDRESS				2.3 STR	EET.	ADDRESS			l
CITY-ST-ZIP				2. 4 C(I	Y - S	ST - ZIP			j
TITLE			DELETE	3.1 7(1)				Change	Addition
NAME				3.2 NAM	νŧ				
STREET ADDRESS				3.3 STR	REET.	ADDRESS			
CITY-ST-ZIP	_			3.4. C(T	Y - S	ST - 7/P			
TITLE			DELETE	4.1 7111	LF	T		☐ Change	☐ Addition
NAME				4. 2 NA	ME				
STREET ADDRESS				4.3 \$1R	REET.	ADDRESS			
CITY-ST-ZIP				4.4 CIT	Y-S1	T-ZIP			
TITLE	DELETE		5 1 TITI	51 TITLE			Change	Addition	
NAME				5.2 NAM	ME	-			
STREET ADDRESS				5 3 STR	EET	ADDRESS			
CITY-ST-ZIP				5.4 CIT	Y-\$1	1 - ZIP		·	
TITLE			DELETE	611111	LE			☐ Change	Addition
NAME				62 NAM	ME				
STREET ADDRESS				6.3 STH	ŒET	ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP					
## Lboroby	portification the intermetic	en compliant with Baic	films door not ouglify	or the ever	mni	tion stated in	Section 119 07(3)(i) Florida Statutos I further ce	artify that th	e information

indicated on this annual report or supplied with this hing cods not quanty for the exemption stated an Section 119.07(5)(f), Florida Statutos, I further certify 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.