3-16-95 3193-C

# FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

95 MAR 16 AM 10:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F39855 (4)

1. Corporation Name

KENT CONDOR CORPORATION

| Principal Place of Business | Mailing Address |
|---|---|
| 11700 NW 102ND RD.<br>STE 1<br>MEDLEY FL 33178<br>US | 11700 NW 102ND RD.<br>STE 1<br>MEDLEY FL 33178<br>US |

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/28/1981
3a. Date of Last Report: 02/28/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22)
Suite, Apt. #, etc. (27)
City & State (23)
City & State (28)
Zip (24) Country (25)
Zip (29) Country (30)

4. FEI Number: 59-2138269 ☐ 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

MOSCHELLA, KRISTINE
4631 NW 97TH CT.
MIAMI FL 33178

10. Name and Address of New Registered Agent

(81) Name: PETER ESPINET
(82) Street Address (P.O. Box Number is Not Acceptable): 11700 NW 102nd ROAD
(83) SUITE 1
(84) City: MEDLEY FL (85) Zip Code: 33178

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: P Espinet 3/10/95
Signature, typed 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 | P | 1.1 TITLE | ☐ Change ☐ Addition |
| NAME | COSTA, NICHOLAS | 1.2 NAME | |
| STREET ADDRESS | 11700 NW 102ND RD, STE 1 | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | MEDLEY FL | 1.4 CITY-ST-ZIP | |
| TITLE | V | 2.1 TITLE | ☐ Change ☐ Addition |
| NAME | RASOOL, NAZIR | 2.2 NAME | |
| STREET ADDRESS | 11700 NW 102ND RD, STE 1 | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | MEDLEY FL | 2.4 CITY-ST-ZIP | |
| TITLE | V | 3.1 TITLE | ☐ Change ☐ Addition |
| NAME | COSTA, KENT | 3.2 NAME | |
| STREET ADDRESS | 11700 NW 102ND RD, STE 1 | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | MEDLEY FL | 3.4 CITY-ST-ZIP | |
| TITLE | T | 4.1 TITLE | ☐ Change ☐ Addition |
| NAME | COSTA, BARBARA | 4.2 NAME | |
| STREET ADDRESS | 11700 NW 102ND RD, STE 1 | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | MEDLEY FL | 4.4 CITY-ST-ZIP | |
| TITLE | | 5.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | | 6.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

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(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] February 3, 1995.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Nicholas Costa - President

0194631 CF