

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 24 AM 10:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G07250 (5)

1. Corporation Name

KENSINGTON WEST ASSOCIATES, INC.

Principal Place of Business

% FRANK VECIN
15321 S DIXIE HWY #207
MIAMI FL 33157

Mailing Address

% FRANK VECIN
15321 S DIXIE HWY #207
MIAMI FL 33157

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

11/03/1982

3a. Date of Last Report

04/22/1994

2. Principal Place of Business

21 18500 SW 206 ST
Suite, Apt. #, etc.

2a. Mailing Address

26 18500 SW 206 ST
Suite, Apt. #, etc.

4. FEI Number

59-2278547

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

22 City & State
MIAMI FL

27 City & State
MIAMI

24 33187 25 Dade

29 33187 30 Dade

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CONTESSA, PAUL N
18500 SW 206 ST.
MIAMI, FL
33187

81 Name FRANK VECIN

82 Street Address (P.O. Box Number is Not Acceptable)
18500 SW 206 ST

83

84 City MIAMI FL 85 Zip Code 33187

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

Signature (Typed or printed name of registered agent and date if applicable)

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	CONTESSA, PAUL N
NAME	15321 S DIXIE HWY #207
STREET ADDRESS	MIAMI FL
CITY - ST - ZIP	
TITLE	DC
NAME	VECIN, FRANK
STREET ADDRESS	15321 S. DIXIE HWY., #207
CITY - ST - ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	PICCO
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 110.07(3)(k), 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

4/14/95 232-8435