

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **G16040 (9)**

1. Corporation Name

KENDALL WEST FOREIGN CAR REPAIR, INC.



Principal Place of Business: **14183 SW 142 ST. MIAMI FL 33186**
Mailing Address: **14183 SW 142 ST. MIAMI FL 33186**

3. Date Incorporated or Qualified 11/24/1982	3a. Date of Last Report 04/20/1995
4. FEI Number 59-2237915	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 14018 S.W. 149 Lane	26 14018 S.W. 149 Lane
22 Suite, Apt. #, etc.	27 State, Apt. #, etc.
23 City & State Miami FL 33186	28 City & State Miami FL 33186
24 Zip 33186	29 Zip 33186
25 Country Dade	30 Country Dade

9. Name and Address of Current Registered Agent

**FELDMAN, JEFF, ESQ.
13951 S.W. 75TH STREET
MIAMI FL 33183**

10. Name and Address of New Registered Agent

81 Name: **Jeff Feldman Esq.**
82 Street Address (P.O. Box Number is Not Acceptable): **100 S.E. 2nd St Suite 3950**
83
84 City: **Miami** FL 85 Zip Code: **33131**

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 _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PST	1.1 TITLE	PST
NAME	FELDMAN, MITCHELL	1.2 NAME	FELDMAN, MITCHELL
STREET ADDRESS	14183 SW 142 ST.	1.3 STREET ADDRESS	14018 S.W. 149 Lane
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	Miami FL 33186
TITLE	D	2.1 TITLE	D
NAME	FELDMAN, MITCHELL	2.2 NAME	Feldman, Mitchell
STREET ADDRESS	14183 SW 142 ST.	2.3 STREET ADDRESS	14018 SW 149 Lane
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	Miami, FL 33186
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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)(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 registered agent 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: *Mitchell* *Jeff* DATE: **4/28/96** 305-238-5308

CR2E034 (12/95)