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

FILED
Apr 01 1996 8:00 am
Secretary of State

DOCUMENT # G47493 (3)

1. Corporation Name

KENDALL RESTAURANTS, INC.

Principal Place of Business: ~~8867 SW 107TH AVE MIAMI FL 33176~~

Mailing Address: ~~8867 SW 107TH AVE MIAMI FL 33176~~

2. Principal Place of Business
21 9017 SW 107 Ave
Suite, Apt. #, etc.
22 MIAMI FLORIDA
City & State
23
Zip 24 33176 Country 25 USA

2a. Mailing Address
26 9017 SW 107 Ave
Suite, Apt. #, etc. 27
City & State 28 MIAMI FLORIDA
Zip 29 33176 Country 30 USA

3. Date Incorporated or Qualified: 07/06/1983
3a. Date of Last Report: 05/01/1995
4. FEI Number: 59-2419299 — 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

ADIVI, DRORA
13445 SW 98 CT
SUITE 1946
MIAMI FL 33176

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 ______ DATE ______

12. OFFICERS AND DIRECTORS

TITLE	PTS	☒ DELETE
NAME	~~ADIVI, BENJAMIN~~	
STREET ADDRESS	~~8867 SW 107TH AVE~~	
CITY-ST-ZIP	~~MIAMI FL~~	
TITLE	PTS	☐ DELETE
NAME	ADIVI DRORA	
STREET ADDRESS	13445 SW 98 CT	
CITY-ST-ZIP	MIAMI FLA 33176	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
2 TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☒ Addition
3 TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
4 TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
5 TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
6 TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (12/95)

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 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: X [signature] DRORA ADIVI - President Jan. 3 1996 (305) 595-8190

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — TELEPHONE #