

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

FILED

Mar 10 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # G70852

(0)

1. Corporation Name
KCL CORPORATION

Principal Place of Business

% ERIC FERNANDEZ
2140 W. 68TH STREET SUITE 402
HIALEAH FL 33016

Mailing Address

% ERIC FERNANDEZ
2140 W. 68TH STREET SUITE 402
HIALEAH FL 33016-1875



3. Date Incorporated or Qualified
11/21/1983

3a. Date of Last Report
06/13/1996

4. FEI Number
59-2338515

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

2. Principal Place of Business

21 19170 NW 88TH CT

Suite, Apt. #, etc.

22 City & State
23 MIAMI FL

Zip

24 33018

Country

25 USA

2a. Mailing Address

26 19170 NW 88TH CT

Suite, Apt. #, etc.

27 City & State
28 MIAMI, FL

Zip

29 33018

Country

30 USA

9. Name and Address of Current Registered Agent

FERNANDEZ, ERIC
2140 W. 68TH STREET
SUITE 402
HIALEAH FL 33016

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP
NAME FERNANDEZ, ERIC
STREET ADDRESS 2140 W 68TH ST S-402
CITY-ST-ZIP HIALEAH, FL 00000

☐ DELETE

TITLE V
NAME FERNANDEZ, KATRINA L
STREET ADDRESS 19170 NW 88TH CT
CITY-ST-ZIP MIAMI FL

☐ DELETE

TITLE S
NAME FERNANDEZ, CANDICE A
STREET ADDRESS 19170 NW 88TH CT
CITY-ST-ZIP MIAMI FL

☐ DELETE

TITLE T LORENE
NAME FERNANDEZ, LORENCE C
STREET ADDRESS 19170 NW 88TH CT
CITY-ST-ZIP MIAMI FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

19170 NW 88TH CT
MIAMI, FL 33018

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

FERNANDEZ, LORENE

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-8-97

(305)
8228416

Date

Daytime Phone #

CR2E034 (9/96)