

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

FILED

Jan 20 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

19170 NW 88TH CT  
2140 W. 68TH STREET SUITE 402  
MIAMI FL 33018  
US

Mailing Address

19170 NW 88TH CT  
2140 W. 68TH STREET SUITE 402  
MIAMI FL 33018  
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 3725 S. OCEAN DRIVE

2a. Mailing Address

27 Suite, Apt. #, etc.

22 #1512

23 City & State

23 HOLLYWOOD, FL

24 Zip

24 33019

Country

25 BROWARD

Zip

29

Country

30

3. Date Incorporated or Qualified

11/21/1983

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

FERNANDEZ, ERIC  
2140 W. 68TH STREET  
SUITE 402  
HIALEAH FL 33018

10. Name and Address of New Registered Agent

81 Name

ERIC FERNANDEZ M.D.

82 Street Address (P.O. Box Number is Not Acceptable)

3725 S. OCEAN DRIVE

83

#1512

84

CITY HOLLYWOOD

FL

85

Zip Code 33019

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 ☐ DELETE

NAME DP  
FERNANDEZ, ERIC  
STREET ADDRESS 19170 NW 88TH CT  
CITY-ST-ZIP MIAMI FL

TITLE ☐ DELETE

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

TITLE ☐ DELETE

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

TITLE ☐ DELETE

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

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

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS 3725 S. OCEAN DRIVE #1512

1.4 CITY-ST-ZIP HOLLYWOOD, FL 33019

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS Same as above

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS Same as above

3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS Same as above

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 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 this corporation or its 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 in Block 14 if added, with an address.

SIGNATURE:

*[Signature]*

1/6/98 305-8222416

CR2E034 (10/97)