FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00							FILED				
COF ANNI	PROFIT RPORATION JAL REPORT		FLORIDA DEPART Sandra B. Secretary	Morti of Sta	nam te		Jan 20 19	98 8	3:00		
	1998	STREET	DIVISION OF CO	HPOH	ATIONS		Secreta	ry o:	I Sta	ate	
DOCU 1. Corporation	MENT # H2554	42	(2)								
KENDA	ALL CONFECTIONS, INC.									/	
Principal Plac	e of Business	Mailing	Mailing Address				1001001 0110 1100 81101 01110	ATOT MEMOR MEMOR			
11608 NO KE MIAMI FL 33 US			12051 SW 88 AVENUE MIAMI FL 33176				DO NOT WRITE IN THIS SPACE				
							3. Date Incorporated or Qualified				7
2. Principal P	lace of Business	2a. Mail	ing Address	,	,		10/10/1984 4. FEI Number		! IA	oplied For	-
21	idos of Basiness		608 N.	Ke	WOOL (	SQ.	59-2453160		<del></del>	ot Applicable	1
Suite, Apt.	#, etc.	<b>⊢</b>	e, Apt. #, etc.				5. Certificate of Status Desired			Additional equired	]
City & State	e		City,& State				6. Election Campaign Financing		\$5.00	<del></del>	1
<b>23</b> Zip			Miami H.			Trust Fund Contribution		Added	to Fees	_	
24	Country 25	29 Zip	33176 3		USA		<ol> <li>This corporation owes or has personal Property Tax due Jur</li> </ol>	_		angible No	
	9. Name and Address of Curr				81 Name	<u> </u>	10. Name and Address of New F	legistered /	Agent		7
MUKEAN, MANDULPH A.						HAD LEVIN	-1-1-1		<del></del>	4	
SUITE 210						ss (P.O. Box Number is Not Accept CADAII	IVE			_	
Mi	AMI FL 33173				83						
	,				84 City	lia	mi	FL	1 22	Code V76	
11. Pursuant office or r agent. I a	to the provisions of Sections 607.0 egistered egent, or both, in the Sta m familiar with, and accept the obl	502 and 607.15 te of Florida. Si igations of, Sec	08, Florida Statutes uch change was au tion 607.0505, Flori	, the a thorize da Sta	bove-named d by the corp tutes.	corpo ooratio	ration submits this statement for the n's board of directors. I hereby acc	purpose of ept the app	changing it ointment as	s registered registered	
SIGNATURE	Signature, typed or printed name of registered a	CHA:	d renin				when reinstating)	1/07/	198		
12.		ND DIRECTOR	S	13.	a rigory organizate		ADDITIONS/CHANGES TO OFF				160
TITLE	DST MOVEAN DANDOLDU		DELETE	1,1 TI 1,2 N		0			L Change	Addition	<u>E</u>
NAME STREET ADDRESS	MCKEAN, RANDOLPH 11608 N. KENDALL DR				Treet address	116		2			CR2E034 (10/97)
CITY-ST-ZIP	MIAMI FL			_	MY-ST-ZIP	ſ	Ami 71. 3317	4		Azr	ĮŽ.
TITLE NAME	PD MCKEAN, JUDITH		DELETE	2.1 Ti 2.2 N		DT AM	رم الحان		L Change	Addition	
STREET ADDRESS	11608 N. KENDALL DR				TREET ADDRESS	116	OR N. KENDAH IJR.				
CITY - ST - ZIP	MIAMI FL		A Oct of		CITY-ST-ZIP	Mil	mi 71. 33176		1 0		ļ
TITLE NAME	DVP MCKEAN, STEVEN		DELETE	3.1 TI 3.2 N					L Change	Addition	1
STREET ADDRESS	11608 N KENDALL DRIVE				TREET ADDRESS						
CITY-ST-ZIP	MIAMI FL 33176		DEL ETE		CITY-ST-ZIP				Char	Addutan	
TITLE NAME	DVP MCKEAN. DAVID		DELETE	4.1 TI 4. 2 N					Change	Addition	
STREET ADDRESS	11608 N KENDALL DRIVE				TREET ADDRESS						
CITY-ST-ZIP	MIAMI FL 33176		DELETE	4,4 C	ITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·		Change	Addition	1
TITLE NAME				5.1 I					onange	- Multipli	
STREET ADDRESS					TREET ADDRESS						
City-ST-ZIP			heiere	5.4 C	ITY-ST-ZIP				Change	Addition	1

6.2 NAME 6.3 STREET ADDRESS

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

14. I hereby certify that the information supplied with this filling 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. 107/98