FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

APPROVED
AND
FILED

95 MAR 13 PM 3:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J38307 (1)

1. Corporation Name
BENDEL CORPORATION

Principal Place of Business	Mailing Address
3290 N.W. 173 TERRACE P.O. BOX 2034 OPA-LOCKA FL 33056-4245	3290 N.W. 173 TERRACE P.O. BOX 2034 OPA-LOCKA FL 33056-4245

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/16/1986
3a. Date of Last Report: 02/15/1994

2. Principal Place of Business
21 3922 NW 167 Street
22 Suite, Apt. #, etc.
23 City & State: OPA LOCKA FLORIDA
24 Zip: 33054 25 Country: U.S.A. ~~DADE~~

2a. Mailing Address
26 3922 NW 167 Street
27 Suite, Apt. #, etc.
28 City & State: OPA-LOCKA FLORIDA
29 Zip: 33054 30 Country: U.S.A

4. FEI Number: 59-2769076 ☐ 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

KAYODE, OLOWU
3922 NW 167 ST
MIAMI FL 33054

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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PST	1.1 TITLE	~~CEO~~ PST ☒ Change ☐ Addition
NAME	OLOWU, KAYODE PETERS	1.2 NAME	OLOWU, KAYODE PETERS
STREET ADDRESS	3290 N.W. 173 TERRACE	1.3 STREET ADDRESS	3922 NW 167 Street
CITY-ST-ZIP	OPA-LOCKA FL	1.4 CITY-ST-ZIP	OPALOCKA FL 33054
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	OLOWU, TITO	2.2 NAME	
STREET ADDRESS	3290 N.W. 173 TERRACE	2.3 STREET ADDRESS	
CITY-ST-ZIP	OPA-LOCKA FL	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
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)(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, changed, or on an attachment with an address.

SIGNATURE: Kayode Olowu 3-7-95 305 6204696
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

OTT6874 CP