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

DOCUMENT # **K37631** **(4)**

1. Corporation Name

KENYAN ARTS INCORPORATED

Principal Place of Business

8888 SW 136TH ST.
353
MIAMI FL 33116
US

Mailing Address

P.O. BOX 16-5500
MIAMI FL 33116
US

3. Date Incorporated or Qualified: **10/10/1988**

3a. Date of Last Report: **02/27/1995**

4. FEI Number: **65-0078814** ☐ 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

2. Principal Place of Business
21 Street Address
22 City & State
23 Zip 24 County 25

2a. Mailing Address
26 Street Address
27 City & State
28 Zip 29 County 30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

SHEIKH, MOHAMED R
7700 LOS PINOS BLVD.
CORAL GABLES FL 33143

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 Section 607.0502 and 607.1905, 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. The changes were 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 (Registered Agent's signature required for filing) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	PSD	☐ DELETE	13 1 TITLE	☐ Change ☐ Addition
12 NAME	SHEIKH, MOHAMED RAMZAN		13 2 NAME	
13 STREET ADDRESS	7700 LOS PINOS BLVD.		13 3 STREET ADDRESS	
14 CITY-ST-ZIP	CORAL GABLES FL		13 4 CITY-ST-ZIP	
21 TITLE	DVP	☐ DELETE	14 1 TITLE	☐ Change ☐ Addition
22 NAME	SHEIKH, HAFIZA		14 2 NAME	
23 STREET ADDRESS	7700 LOS PINOS BLVD.		14 3 STREET ADDRESS	
24 CITY-ST-ZIP	CORAL GABLES FL		14 4 CITY-ST-ZIP	
31 TITLE	TD	☐ DELETE	15 1 TITLE	☐ Change ☐ Addition
32 NAME	SHEIKH, SHAAHID		15 2 NAME	
33 STREET ADDRESS	7700 LOS PINOS BLVD.		15 3 STREET ADDRESS	
34 CITY-ST-ZIP	CORAL GABLES FL		15 4 CITY-ST-ZIP	
41 TITLE	D	☐ DELETE	16 1 TITLE	☐ Change ☐ Addition
42 NAME	SHEIKH, SAIMA		16 2 NAME	
43 STREET ADDRESS	7700 LOS PINOS BLVD.		16 3 STREET ADDRESS	
44 CITY-ST-ZIP	CORAL GABLES FL		16 4 CITY-ST-ZIP	
51 TITLE		☐ DELETE	17 1 TITLE	☐ Change ☐ Addition
52 NAME			17 2 NAME	
53 STREET ADDRESS			17 3 STREET ADDRESS	
54 CITY-ST-ZIP			17 4 CITY-ST-ZIP	
61 TITLE		☐ DELETE	18 1 TITLE	☐ Change ☐ Addition
62 NAME			18 2 NAME	
63 STREET ADDRESS			18 3 STREET ADDRESS	
64 CITY-ST-ZIP			18 4 CITY-ST-ZIP	

CR2E034 (12/95)

14. I, (Name), 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 if changed, or on an attached sheet, with my address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #