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FILED
Feb 02 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 # K37631 (4)

1. Corporation Name

KENYAN ARTS INCORPORATED

Principal Place of Business

Mailing Address

8088 SW 136TH ST.
MIAMI FL 33116
US

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/10/1988

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

7. 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

10. Name and Address of New Registered Agent

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PSD
NAME SHEIKH, MOHAMED RAMZAN
STREET ADDRESS 7700 LOS PINOS BLVD.
CITY-ST-ZIP CORAL GABLES FL

DELETE

TITLE DVP
NAME SHEIKH, HAFIZA
STREET ADDRESS 7700 LOS PINOS BLVD.
CITY-ST-ZIP CORAL GABLES FL

DELETE

TITLE TD
NAME SHEIKH, SHAAHID
STREET ADDRESS 7700 LOS PINOS BLVD.
CITY-ST-ZIP CORAL GABLES FL

DELETE

TITLE D
NAME SHEIKH, SAIMA
STREET ADDRESS 7700 LOS PINOS BLVD.
CITY-ST-ZIP CORAL GABLES FL

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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 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:

1/23/98 305/253-0146

CR2E034 (10/97)