

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

**FILED**  
**Apr 14, 1999 8:00 am**  
**Secretary of State**

04-14-1999 90027 019 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # K48439**

1. Corporation Name  
**KENDRICK INVESTMENTS, INC.**



Principal Place of Business <del>% MICHAEL ORTIZ</del> <del>2665 S. BAYSHORE DR.</del> <del>MIAMI FL 33133</del>	Mailing Address <del>2665 S BAYSHORE DR</del> <del>SUITE 902</del> <del>MIAMI FL 33133 5312</del> US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>12/01/1988</b>	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number <b>59-2922716</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

2. Principal Place of Business 21 <b>328 Minorca Avenue</b> Suite, Apt. #, etc. 22 <b>2nd Floor</b> City & State 23 <b>Coral Gables, FL</b> Zip Country 24 <b>33134</b> 25 <b>USA</b>	2a. Mailing Address c/o Ortiz 26 <b>328 Minorca Avenue</b> Suite, Apt. #, etc. 27 <b>2nd Floor</b> City & State 28 <b>Coral Gables, FL</b> Zip Country 29 <b>33134</b> 30 <b>USA</b>
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9. Name and Address of Current Registered Agent

**ORTIZ, MICHAEL**  
~~2665 S. BAYSHORE DR.~~  
~~SUITE 902~~  
~~MIAMI FL 33131 5312~~

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	<b>328 Minorca Avenue</b>
83	<b>2nd Floor</b>
84 City	<b>Coral Gables, FL</b>
85 Zip Code	<b>33134</b>

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 Michael Ortiz DATE 4/9/99

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

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	<b>ORTIZ, MICHAEL</b>	
STREET ADDRESS	<del>2665 S. BAYSHORE DR.</del>	
CITY-ST-ZIP	<del>MIAMI FL</del>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<b>328 Minorca Avenue, 2nd Floor</b>
1.4 CITY-ST-ZIP	<b>Coral Gables, FL 33134</b>
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>S</b>
2.3 STREET ADDRESS	<b>Lissette Benitez</b>
2.4 CITY-ST-ZIP	<b>328 Minorca Ave., 2nd FL., Coral Gables, Florida 33134</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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, with all other like empowered.

SIGNATURE: Michael Ortiz DATE 4/9/99 305-476-5270

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)