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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **K72222** (8)

1. Corporation Name
KENDALL VENDING, INC.

Principal Place of Business: **1401 KENDALE LAKES BLVD
P.O. BOX 831064
MIAMI FL 33283**

Mailing Address: **P.O. BOX 831064
P.O. BOX 831064
MIAMI FL 33283
US**

2. Principal Place of Business: **10821 SW 78 AVE** 2a. Mailing Address: _____
21 State, Apt. # etc. 26 State, Apt. # etc.
22 City & State: **MIAMI FL** 27 City & State: _____
23 24 **33156** 25 **DADE** 29 _____ 30 _____

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **03/13/1989** 3a. Date of Last Report: **07/11/1994**

4. FEI Number: **65-0109718** 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 Fla. Statutes: Yes No

9. Name and Address of Current Registered Agent

**BENITO, LUIS
10821 SW 78TH AVE.
MIAMI FL 33156**

10. Name and Address of New Registered Agent

81 Name: _____
82 Street Address (P.O. Box Number is Not Acceptable): _____
83 _____
84 City: _____ 85 Zip Code: **FL**

11. Pursuant to the provisions of Sections 607.01(3) and 607.01(4) of the 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 Fla. Stat. 607.01(4) Florida Statutes.

SIGNATURE _____

12. OFFICE (S) AND DIRECTOR(S)		13. ADDITIONAL CHANGE TO OFFICERS AND DIRECTORS (S)	
12.1 NAME: BENITO, LUIS	12.2 STREET ADDRESS: 10821 SW 78TH AVE.	13.1 NAME: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.3 CITY, STATE, ZIP: MIAMI FL		13.2 STREET ADDRESS: _____	
12.4 CITY, STATE, ZIP: _____		13.3 CITY, STATE, ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.5 NAME: _____		13.4 NAME: _____	
12.6 STREET ADDRESS: _____		13.5 STREET ADDRESS: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.7 CITY, STATE, ZIP: _____		13.6 CITY, STATE, ZIP: _____	
12.8 NAME: _____		13.7 NAME: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.9 STREET ADDRESS: _____		13.8 STREET ADDRESS: _____	
12.10 CITY, STATE, ZIP: _____		13.9 CITY, STATE, ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.11 NAME: _____		13.10 NAME: _____	
12.12 STREET ADDRESS: _____		13.11 STREET ADDRESS: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.13 CITY, STATE, ZIP: _____		13.12 CITY, STATE, ZIP: _____	

14. I hereby certify that the information submitted with this filing is accurately furnished and I am not liable for the corporation's failure to file this report. I further certify that the subscribers and stockholders of this report of incorporation, amendments to the articles and bylaws, and that my signature shall have the same legal effect as if I were the subscriber, stockholder, or officer of the corporation. I am familiar with and accept the obligations of Fla. Stat. 607.01(4) Florida Statutes, and that my name appears in Block 13 of this report as required by Fla. Stat. 607.01(4) Florida Statutes.

SIGNATURE: _____ DATE: **4/30/95**

NOTARIAL AND FILED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR