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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILLD
Mar 23 1998 8:00am
Secretary of State

CH CD

	1998	N. Committee	DIVISION OF CORPORATIONS			·]	Secretary of State			
DOCU 1. Corporalio KENDI	niyame	L31760	(6)							
	Principal Place of Business Mailing Address								1 (406)00); Bad 1116(410)) 15614 dilli 4014 Bisti 410)1 614() bisti 4161(616)) 100)	
TESCHER CH BOCA CORPO BOCA RATOL US	KENDIN INC 4150 ST CATHERINE WESTMOUNT OU H32 CA	CATHERINE W STE 400				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified				
00			VA .					J.	11/27/1989	
2. Principal Place of Business			2a. Mailing Address					4.	FEI Number Applied For	
21			26						98-0107670 Not Applicable	
Suite, Apl	#, etc	Suite, Apt. #, etc.					5.	. Certificate of Status Desired See Required Fee Required		
City & State			City & State					_	Election Campaign Financing \$5.00 May Be	
23			28					υ.	Trust Fund Contribution Added to Fees	
Zip Country			Zip Coi			ntry		8.	This corporation owes or has paid the current year Intang ble	
24	25		29	30					Personal Property Tax due June 30. A Yes No	
			Registered Agent		81	ΤÑ	ame	10.	Name and Address of New Registered Agent	
M & W AGENTS, INC					L					
9100 S DADELAND BLVD ONE DATRAN CENTER, PHI					82	St	treet Addres	s (P	P.O. Box Number is Not Acceptable)	
MIAMI FL 33156					83	 				
	W. 1 C 00 100				84	C	ia		■■ 85 Zip Code	
					04	ال	rty		FL 85 Zip Code	
11. Pursuant office or ragent. La	to the provisions of S egisterod agent, or to m familiar with, and a	ections 607.0502 (oth, in the State of accept the obligation	and 607.1508, Florida Sta f Florida. Such change wa ons of, Section 607.0505,	tutes, the is author Florida S	abovi ized by Statute:	e-na y the s.	med corpor corporation	ation's b	on submits this statement for the purpose of changing its registered board of directors. I hereby accept the appointment as registered	
SIGNATURE	Signature, typed or printed r			OTC. D			gnatura required		n reinstating) DATE	
12.	alguacite, spaid or promise i	OFFICERS AND			3.	COLI DA	Augusta sedoneo		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP		DELETE	1	1 TITLE		7		Change Addition	
NAME	Dobrin, Melv	YN A.		1.	2 NAME					
STREET ADDRESS	4150 ST. CATH			1.	3 STAFET	ADDI	ress			
CiTY-ST-ZiP	MONTREAL, QI	JEBEC, CAN	T ASSETT		4 CITY - S	ST - ZIF	P		Change Addition	
TITLE	STD DORDIN MITZI		DELETE		1 TITLE				Change Addition	
NAME Street address	DOBRIN, MITZI 4150 ST. CATH	IEDINE #400		1	2 NAME 3 STREET	r anni	DECC			
CITY-SI-ZIP	MONTREAL, QU				4 CHTY-S					
TITLE	1110111112121	<u> </u>	DELETE		1 117LE	31-21	-		☐ Change ☐ Addition	
NAME				3.	2 NAME		- }			
STREET ADDRESS				3.	3 STREET	r addi	ress			
CITY-S1-ZIP				3.	4. CITY-S	ST- ZI	P			
TITLE		_	☐ DELETE	- 1	1 TITLE				Change Addition	
NAME					2 NAME					
STREET ADDRESS				4.	3 STREET	ADD	ress			

64 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.

4.4 CITY - ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

5.1 TITLE 5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

☐ DELETE

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CHTY - ST - ZIP

TITLE

TITLE

NAME STREET ADDRESS

MITZI DOBRIN

March 16/98

(514) 935-9508

Change

Change

Addition

Addition