FILED SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.) Sep 22 1997 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1997 DOCUMENT # (6)L95422 C & K OF KENDALL, INC. Principal Place of Business Mailing Address 8603 8. DIXIE HWY. 8603 S. DIXIE HIGHWAY SUITE 208A DO NOT WRITE IN THIS SPACE MIAMI FL 33143 MIAMI FL 33143 3a. Date of Last Report 3. Date Incorporated or Qualified 08/23/1990 02/12/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For NJ 82 AVE 8603 SO DINIEHUY 2218 65-0216063 Not Applicable Sulte, Apt. #, etc. Suite. Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be MAN ヤレ Trust Fund Contribution Added to Fees 05a Country 8. This corporation owes or has paid the current year Intangible DADE 24 3314 DS-A 25 29 Personal Property Tax due June 30. ☐ Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 CATARINEAU, JOE A 7780 S.W. 117 AVENUE 82 SUITE 201 83 **MIAMI FL 33183** 84 City AM > FL 85 Zip Code 331 > 7 84 11. Pursuant to the prov la. Such change was authorized by the corporation's board of directors, I hereby accept the appointment as registered. Section 607.0505. Florida Statutes. office or rec agent. I am SIGNATURE (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELFTE Change TITLE 1.1 TITLE KAPLAN, ANDREW NAME 1.2 NAME 1541 BRICKELL AVE. #3101 STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 C(TY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3 3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE TITLE 4.1 TITLE Change \_\_\_ Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE TITLE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADORESS 6.3 STREET ADDRESS

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oes not qualify or the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the

ial report is frue and accurate and that my signature shall have the same legal effect as if made under oath; that isles empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name with an address.

CITY-ST-ZIP

CITY-ST-ZIP

14. I do hereby certify that the information information indicated on this annual in I am an officer or director of the director

appears in Block 12 or Block 13

i supplied with this filing

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report or s