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

**FILED PROFIT** May 28 1998 8:00am LLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham **ANNUAL REPORT** Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # (1)M16709 KENDALL'S DIAMOND HOUSE, INC. Principal Place of Business Mailing Address 8304 MILLS DR 8304 MILLS DR MIAMI FL 33183 MIAMI FL 33183 DO NOT WRITE IN THIS SPACE Date Incorporated or Qualified 06/13/1985 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-2200892 Not Applicable 26 Suite, Apt #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Regulred 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Agaléd to Fees Zip Country 8. This corporation owes or has paid the curren ear Intangible Yes 24 25 29 30 Personal Property Tax due June 30. □ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name GOODMAN, ROBERT 8304 MILLS DRIVE 82 Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33183** 83 84 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 Signalure, typed or prioteo name of registered agent and life if applicable (NC111 Registered Agent signature required when reinstating) 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. DELE TE Change Addition TITLE 1.1 THEE **GOODMAN, ROBERT** NAME 1.2 NAME 8304 MILLS DRIVE STREET ADDRESS 1.3 STHEET ADDRESS MIAMI FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE TITLE 2.1 THLE Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-S1-ZIP DELETE TITLE Change Addition 3.1 TOLE 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 ☐ OELETE TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE TITLE Change 6.1 TITLE

14. I hereby certify that the information indicated on this armual report of officer or director of the corporation. ate and that my signature shall have the same legal effect as if made under oath, that I am an ecule this report as required by Chapter 607, Florida Statutes, and that my name appears in abowere Block 12 or Block 13 it changed 28-98 205.279-8486

6.2 NAME

es not qua

6.3 STREET ADDRESS

NAME

STREET ADDRESS

CITY-ST-ZIP

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\*\*\*150.00

the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information