

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAR 14 AM 10:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M37215 (4)

1. Corporation Name
504 KENILWORTH CORP.

Principal Place of Business
10205 COLLINS AVE.
UNIT 504
BAL HARBOUR FL 33154-1427

Mailing Address
10205 COLLINS AVE.
UNIT 504
BAL HARBOUR FL 33154-1427

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
08/22/1986

3a. Date of Last Report
03/04/1994

4. FEI Number
59-2806051

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 S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

9. Name and Address of Current Registered Agent
FELDMAN, DAVID
407 LINCOLN ROAD
NORTHEAST PENTHOUSE
MIAMI BEACH FL 33139

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

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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	☐ Change ☐ Addition
NAME	GOIHMAN, ISREAL	1.2 NAME	
STREET ADDRESS	10205 COLLINS AVE. #504	1.3 STREET ADDRESS	
CITY-ST-ZIP	BAL HARBOUR FL	1.4 CITY-ST-ZIP	
TITLE	VST	2.1 TITLE	☐ Change ☐ Addition
NAME	DE GOIHMAN, PESEA	2.2 NAME	
STREET ADDRESS	10205 COLLINS AVE. #504	2.3 STREET ADDRESS	
CITY-ST-ZIP	BAL HARBOUR FL	2.4 CITY-ST-ZIP	
TITLE	VD	3.1 TITLE	☐ Change ☐ Addition
NAME	GOIHMAN, DAVID	3.2 NAME	
STREET ADDRESS	10205 COLLINS AVE. #504	3.3 STREET ADDRESS	
CITY-ST-ZIP	BAL HARBOUR FL	3.4 CITY-ST-ZIP	
TITLE	VD	4.1 TITLE	☐ Change ☐ Addition
NAME	HAGER, SHIRLEY	4.2 NAME	
STREET ADDRESS	10205 COLLINS AVE. #504	4.3 STREET ADDRESS	
CITY-ST-ZIP	BAL HARBOUR FL	4.4 CITY-ST-ZIP	
TITLE	VD	5.1 TITLE	☐ Change ☐ Addition
NAME	ZIGHELBOIM, RACQUEL	5.2 NAME	
STREET ADDRESS	10205 COLLINS AVE. #504	5.3 STREET ADDRESS	
CITY-ST-ZIP	BAL HARBOUR FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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.

SIGNATURE: 3/8/95 305-534-4721
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR