

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

FILED

Jan 27 1998 8:00am
Secretary of State

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| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # M37215 (4)
1. Corporation Name
504 KENILWORTH CORP.

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| 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 |
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DO NOT WRITE IN THIS SPACE

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| 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 | | 3. Date Incorporated or Qualified 08/22/1986 | |
| 4. FEI Number 59-2806051 | | 5. Certificate of Status Desired <input type="checkbox"/> | | Applied For Not Applicable | |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | | 7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No | | 8. \$8.75 Additional Fee Required | |
| 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 City 84 State 85 Zip Code | | 5. \$5.00 May Be Added to Fees | |

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| 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. | | 12. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 City 84 State 85 Zip Code | |
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| SIGNATURE Signature, typed or printed name of registered agent and title if applicable. | ISRAEL GOIHMAN (NOTE: Registered Agent signature required when reinstating) | DATE 1-18-98 |
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| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP GOIHMAN, ISREAL 10205 COLLINS AVE. #504 BAL HARBOUR FL | 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VST DE GOIHMAN, PESEA 10205 COLLINS AVE. #504 BAL HARBOUR FL | 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD GOIHMAN, DAVID 10205 COLLINS AVE. #504 BAL HARBOUR FL | 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD HAGER, SHIRLEY 10205 COLLINS AVE. #504 BAL HARBOUR FL | 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD ZIGHELBOIM, RACQUEL 10205 COLLINS AVE. #504 BAL HARBOUR FL | 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> DELETE | 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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.

SIGNATURE: ISRAEL GOIHMAN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
8659947

CR2E034 (10/97)