

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90234 030 ***150.00

DOCUMENT # M37215 OK

1. Corporation Name

504 KENILWORTH CORP.

Principal Place of Business

Mailing Address

10205 COLLINS AVE #504 SAME
BAL HARBOR FL.
33154-1427



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

8-22-1986

4. FEI Number

59-2806051

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax.

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ISRAEL GOIHMAN
10205 COLLINS AVE #504
BAL HARBOR FL. 33154

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PRES
NAME ISRAEL GOIHMAN ☐ DELETE
STREET ADDRESS 10205 COLLINS AVE #504
CITY-ST-ZIP BAL HARBOR FL. 33154

1.1 TITLE ☐ Change ☐ Addition

TITLE SECRETARY
NAME PESEA GOIHMAN ☐ DELETE
STREET ADDRESS 10205 COLLINS AVE #504
CITY-ST-ZIP BAL HARBOR FL. 33154

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 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, with all other like empowered.

SIGNATURE:

[Signature]

PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-13-99

Date

(305) 573-6514

Daytime Phone #

CR2E034 (11/98)

393605-90234-30
737215

3/30/99

CORPORATE DETAIL RECORD SCREEN

3:37 PM

NUM: M37215

ST:FL ACTIVE/FL PROFIT

FLD: 08/22/1986

LAST: AMENDMENT

FLD: 09/26/1991

FEI#: 59-2806051

NAME : 504 KENILWORTH CORP.

PRINCIPAL: 10205 COLLINS AVE.

ADDRESS UNIT 504

BAL HARBOUR, FL 33154-1427

RA NAME : ISRAEL GOIHMAN

NAME CHG: 01/27/98

RA ADDR : 10205 COLLINS AVE #504

ADDR CHG: 01/27/98

BAL HARBOUR, FL 33154 US

ANN REP : (1996) B 01/24/96 (1997) B 02/12/97 (1998) B 01/27/98

1. MENU, 3. OFFICERS, 4. EVENTS

ENTER SELECTION AND CR:

1