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 MAY -1 AM 10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M88249** **(1)**

1. Corporate Name
K.F.P. ENTERPRISES, INC.

Principal Place of Business
20237 NE 16 PLACE
MIAMI FL 33179

Mailing Address
20237 NE 16 PLACE
MIAMI FL 33179

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **07/05/1988**
3a. Date of Last Report: **06/17/1994**

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
City & State — 23
City & State — 28
Zip — 24 Country — 25
Zip — 29 Country — 30

4. FEI Number: **65-0072134** — Applied For / Not Applicable
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 § 199.042 Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
USHER, BRYN
2785 NE 91 ST
SUITE 802
AVENTURA FL 33180

10. Name and Address of New Registered Agent
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 607.0503 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
(Type or Print Name of Registered Agent) — (If Registered Agent is a corporation, signature of officer) — Date

12.	OFFICERS AND DIRECTORS	13.	ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12
1.0 TITLE	P	1.1 TITLE	☐ Change ☐ Addition
NAME	FRIEDEBERG, HUGO	1.2 NAME	
STREET ADDRESS	20237 NE 16TH PLACE	1.3 STREET ADDRESS	
CITY ST ZIP	NORTH MIAMI BEACH FL	1.4 CITY ST ZIP	
2.0 TITLE	V	2.1 TITLE	☐ Change ☐ Addition
NAME	FRIEDEBERG, HUGO	2.2 NAME	
STREET ADDRESS	20237 NE 16TH PLACE	2.3 STREET ADDRESS	
CITY ST ZIP	NORTH MIAMI BEACH FL	2.4 CITY ST ZIP	
3.0 TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY ST ZIP		3.4 CITY ST ZIP	
4.0 TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY ST ZIP		4.4 CITY ST ZIP	
5.0 TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY ST ZIP		5.4 CITY ST ZIP	
6.0 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 hereby certify that the information supplied with this report is voluntarily furnished and does not qualify for the exemption stated in Sec. 119.07(3)(i), Florida Statutes. I further certify that the information indicated on the annual report or supplemental annual report is true and complete 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 the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 above or on an attachment with an additional title.

SIGNATURE: HUGO FRIEDEBERG
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/95
Date

305 6538735
Telephone Number

0196949 CP