FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

APPROVED AND FILED
96 FEB 29 AM 9:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

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

Principal Place of Business	Mailing Address
20237 NE 16 PLACE MIAMI FL 33179	20237 NE 16 PLACE MIAMI FL 33179

2. Principal Place of Business: 21 3960 NW 36 ST
Suite, Apt. #, etc.: 22
City & State: 23 MIAMI, FL
Zip: 24 33142 Country: 25 US

2a. Mailing Address: 26 3960 NW 36 ST
Suite, Apt. #, etc.: 27
City & State: 28 MIAMI, FL
Zip: 29 33142 Country: 30 US

3. Date Incorporated or Qualified: 07/05/1988
3a. Date of Last Report: 05/01/1995
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 s. 199.032, 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 607.0502 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 reinstating) DATE ______

12. OFFICERS AND DIRECTORS

TITLE	P	☒ DELETE
NAME	FRIEDEBERG, HUGO	
STREET ADDRESS	20237 NE 16TH PLACE	
CITY-ST-ZIP	NORTH MIAMI BEACH FL	
TITLE	V	☒ DELETE
NAME	FRIEDEBERG, HUGO	
STREET ADDRESS	20237 NE 16TH PLACE	
CITY-ST-ZIP	NORTH MIAMI BEACH FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	☐ Change ☒ Addition
1.2 NAME	ASHLEY ROBAINA	
1.3 STREET ADDRESS	3960 NW 36 ST.	
1.4 CITY-ST-ZIP	MIAMI, FL 33142	
2.1 TITLE	V	☐ Change ☒ Addition
2.2 NAME	LAZARO VEGA	
2.3 STREET ADDRESS	3960 NW 36 ST	
2.4 CITY-ST-ZIP	MIAMI, FL 33142	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

700001729867
-03/04/96--01061--001
****200.00 ****200.00

CR2E034 (12/95)

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 119.07(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: X ASHLEY ROBAINA 2/7/96
LAZARO VEGA 2/7/96 305-871-2020

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #