

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

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Wanda B. Mathan  
Secretary of State  
Tallahassee, Florida 32399-0400

APPROVED  
AND  
FILED

MAY 10 AM 10:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **M90867** (6)

KENDALL AUTOMATIC TRANSMISSION, INC.

Principal Place of Business: 13462 SW 129 ST MIAMI, FL 33186-2824  
Mailing Address: 13462 SW 129 ST MIAMI, FL 33186-2824

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>07/26/1988</b>	3b. Date of Last Report <b>05/01/1994</b>
4. FIC Number <b>65-0084241</b>	Applied For Not Applicable
5. Certificate of Status Deared <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under § 193.04, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Filing Agent's Business 21. State Apt # etc. 22. City & State 23. Zip 24. County	2a. Mailing Address 26. State Apt # etc. 27. City & State 28. Zip 29. County
---	--

9. Name and Address of Current Registered Agent <b>LEON, AMADO J. 2801 S.W. 106 AVE MIAMI FL 33165</b>	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 <b>FL</b>
---	--

11. Pursuant to the provisions of Sections 607.0102 and 607.1509, 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 607.0103, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (Signature of Registered Agent) \_\_\_\_\_ (Signature of Registered Agent or other representative) \_\_\_\_\_ (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12	
P NAME: LEON, AMADO J. STREET ADDRESS: 2801 S.W. 106 AVE CITY, STATE: MIAMI FL			<input type="checkbox"/> Change <input type="checkbox"/> Addition
V NAME: HERNDON, JAMES M. STREET ADDRESS: 22955 S W 172 CT CITY, STATE: MIAMI FL		V NAME: HERNDON, JAMES M. STREET ADDRESS: 22955 S W 172 CT CITY, STATE: MIAMI FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
S NAME: LEON, PEGGY A. STREET ADDRESS: 2801 S.W. 106 AVE CITY, STATE: MIAMI FL			<input type="checkbox"/> Change <input type="checkbox"/> Addition
T NAME: <del>HERNDON, MARIE D</del> STREET ADDRESS: <del>22955 S W 172 CT</del> CITY, STATE: <del>MIAMI FL</del>			<input type="checkbox"/> Change <input type="checkbox"/> Addition
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
			<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information supplied with this filing is substantially true and correct, and that I am duly qualified to execute this report as required by Chapter 607, Florida Statutes. I further certify that the information included on this report is the responsibility of the supplemental annual report as true and accurate and that my signature shall have the same legal effect as if made under oath. That each individual named on this report is the registered agent or the person empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or as an officer named with an address.

SIGNATURE: *[Signature]* 4/22/95 3056538902  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR