


FILED
Aug 17, 1999 8:00 am
Secretary of State

08-17-1999 90011 009 ***150.00
 09-21-1999 90018 049 ***400.00

AMOUNT DUE ON OR BEFORE 09/15/99: \$500 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750)

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # M90867 1. Corporation Name KENDALL AUTOMATIC TRANSMISSION, INC.					
Principal Place of Business 12957 S.W. 134TH ST MIAMI FL 33186 US			Mailing Address 12957 S.W. 134TH ST MIAMI FL 33186 US		
2. Principal Place of Business 21 Suits, Apt. #, etc. 22 City & State 23 Zip 24 Country			2a. Mailing Address 26 Suits, Apt. #, etc. 27 City & State 28 Zip 29 Country		
3. Date Incorporated or Qualified 07/26/1988			4. FEI Number 65-0084241		
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		
7. This corporation owes the current year Intangible Personal Property. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			8. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 City 84 FL 85 Zip Code		
9. Name and Address of Current Registered Agent LEON, AMADO J. 2081 S.W. 108 AVE MIAMI FL 33185					
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE	P	DELETE	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
NAME	LEON, AMADO J.		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	2801 S.W. 108 AVE		1.2 NAME		
CITY-ST-ZIP	MIAMI FL		1.3 STREET ADDRESS		
TITLE	VS	DELETE	1.4 CITY-ST-ZIP		
NAME	HERNDON, JAMES M.		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	22955 SW 172 CT.		2.2 NAME		
CITY-ST-ZIP	MIAMI FL		2.3 STREET ADDRESS		
TITLE		DELETE	2.4 CITY-ST-ZIP		
NAME			3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS			3.2 NAME		
CITY-ST-ZIP			3.3 STREET ADDRESS		
TITLE		DELETE	3.4 CITY-ST-ZIP		
NAME			4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS			4.2 NAME		
CITY-ST-ZIP			4.3 STREET ADDRESS		
TITLE		DELETE	4.4 CITY-ST-ZIP		
NAME			5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS			5.2 NAME		
CITY-ST-ZIP			5.3 STREET ADDRESS		
TITLE		DELETE	5.4 CITY-ST-ZIP		
NAME			6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS			6.2 NAME		
CITY-ST-ZIP			6.3 STREET ADDRESS		
			6.4 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)(l), 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: <i>James M. Herndon</i> 7/14/99 (305) 253-8922					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

CR2E034 (5/99)