FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

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95 MAY -1 PM 1:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # N93000004679 (7)

1. Corporation Name
KENDALL KHOURY LEAGUE, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
~~10410 SW 142ND CT~~ ~~MIAMI FL 33186~~	~~10410 SW 142ND CT~~ ~~MIAMI FL 33186~~

3. Date Incorporated or Qualified: 10/18/1993
3a. Date of Last Report: 02/28/1994
4. FEI Number: 65-0450910 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21): C/O CONTINENTAL PARK 10000 S.W. 82 AVENUE
Suite, Apt. #, etc. (22):
City & State (23): MIAMI FL
Zip (24): 33156 Country (25): U.S.A.

2a. Mailing Address (26): c/o Dea Carpenter 4156 Crawford Ave.
Suite, Apt. #, etc. (27):
City & State (28): Miami FL
Zip (29): 33133 Country (30): USA

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

~~HALPERN, RONNY J ESQ~~
~~1770 MIAMI CENTER~~
~~201 SOUTH BISCAYNE BLVD.~~
~~MIAMI FL 33131~~

10. Name and Address of New Registered Agent

81 Name: Dea L. Carpenter, Esq.
82 Street Address (P.O. Box Number is Not Acceptable): 4156 Crawford Ave.
83:
84 City: Miami FL 85 Zip Code: 33133

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: Dea L. Carpenter (Dea L. Carpenter secretary and registered agent) 5-4-95
(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	PD	11 TITLE	PD	☒ Change ☐ Addition
NAME	~~FRAGNOLS, HENRY~~	12 NAME	Robert R. Hutchins	
STREET ADDRESS	~~10410 SW 142ND CT~~	13 STREET ADDRESS	15450 S.W. 72 Ct.	
CITY-ST-ZIP	~~MIAMI FL 33186~~	14 CITY-ST-ZIP	Miami, FL 33157	
TITLE	VD	21 TITLE	VD	☒ Change ☐ Addition
NAME	~~QUINTERO, OFELIA~~	22 NAME	Edgardo Meneses	
STREET ADDRESS	~~10410 SW 142ND CT~~	23 STREET ADDRESS	8552 S.W. 82 Terr.	
CITY-ST-ZIP	~~MIAMI FL 33186~~	24 CITY-ST-ZIP	Miami, FL 33143	
TITLE	SD	31 TITLE	SD	☒ Change ☐ Addition
NAME	~~DIAZ-CLARK, MAYENG~~	32 NAME	Dea L. Carpenter	
STREET ADDRESS	~~10410 SW 142ND CT~~	33 STREET ADDRESS	4156 Crawford Ave.	
CITY-ST-ZIP	~~MIAMI FL 33186~~	34 CITY-ST-ZIP	Miami, FL 33133	
TITLE	TD	41 TITLE	TD	☒ Change ☐ Addition
NAME	~~DAVIS, ANDREW~~	42 NAME	Ofelia Quintero	
STREET ADDRESS	~~10410 SW 142ND CT~~	43 STREET ADDRESS	13912 S.W. 103 Terr	
CITY-ST-ZIP	~~MIAMI FL 33186~~	44 CITY-ST-ZIP	Miami, FL 33186	
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

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)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 hereinabove, or on an attachment with an address.

SIGNATURE: Dea L. Carpenter (Dea L. Carpenter) 5-4-95 305 666 6423
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0048148