Applied For

\$8.75 Additional

:Fee Required

Not Applicable

## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P93000009912

1. Corporation Name

KENDALL ROYALE, INC.					
Principal Place of Business	Mailing Address				
4101 PINE TREE DRIVE #1127 MIAMI BEACH FL 33140	4101 PINE TREE DRIVE #1127 MIAMI BEACH FL 33140				
Principal Place of Business     The Principal Place of Business	2a. Mailing Address				
Suite, Apt. #, etc.	Suite, Apt. #, etc.				
City & State	City & State				
23 Country	Zip	Country			

**FILED** Feb 17, 1999 8:00am **Secretary of State** 

02-17-1999 90048 031 \*\*\*150.00

3. Date Incorporated or Qualifed

5. Certificate of Status Desired

02/09/1993

65-0388956

4. FEI Number



DO NOT WRITE IN THIS SPACE

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City & Stat	te	City & State	<del>3</del>			6. Election Cam Trust Fund C			\$5.00 N Added to	
23	Country	Zip	Cr	ountry		8. This corporat	tion owes the cur	rent year In	tangjble	
Zip		— ·	30	•		Personal Pro		•	Yes [	□No
24	25	29		-		10. Name and A		Registered	Agent	
	9. Name and Address of Curren	it Registered Agent	·	81	Name				-	
FISI	HBEIN, HARRY			82	Street Addr	ess (P.O. Box Num	ber is Not Accept	able)	<del> </del>	
4101 PINE TREE DRIVE				-	Officer realized by the second					20 / 10 12 21
#11	127:			83						
MIAMI FL 33140						85 Zip Code				
				84	,			FL	_   -	
11. Pursuant office or agent. I s	t to the provisions of Sections 607.050 registered agent, or both, in the State arm familiar with, and accept the obligations.	ations of, Section 607	7.0505, Florida St	tatutes.				e purpose of ept the appo	f changing its r intment as reg	egistered istered
	Signature, typed or printed name of registered age	nt and title if applicable.	(NOTE: Register		t signature require	d when reinstating)	HANGES TO O		ND DIRECTOR	RS IN 12.
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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 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 per an attachment with an address, with all other like empowered.

SIGNATURE: