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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P93000058716**1. Corporation Name

KENTEX ENGINEERING SYSTEMS INC.

Principal Place of Business	Mailing Address	
1330 NW 181ST ST.	1330 NW 181ST ST.	
MIAMI FL 33169	MIAMI FL 33169	

FILED Jan 21, 1999 8:00am **Secretary of State** 01-21-1999 90072 040 ***158.75



Principal Plac	ce of Business	Ma	ailing Address					15 00 111 00 111 01		
1330 NW 181S	ST ST.	133	0 NW 181ST ST.							
MIAMI FL 3316	89	MIA	MI FL 33169				DO NOT V	VOITE IN TH	UC CDACE	
						3 Da	te Incorporated or Quali	VRITE IN TH	IIS SPACE	
							1/18/1993	104		
2. Principal P	Place of Business	2a.	Mailing Address				Number			Applied For
21	•	26	•				-0423120			Not Applicable
Suite, Apt.	. #, etc.		Suite, Apt. #, etc.							Additional
22		27				5. Ce	rtifcate of Status Desired		Fee F	Required
City & Stat	te		City & State			6. Ele	ction Campaign Financi	ng 🗆	\$5.00	0 Мау Ве
23		28	4. / · · ·			Tru	st Fund Contribution		Added	to Fees
Zip	Country		Zip	Country	У	1 -	s corporation owes the	current year		
24	25	29		30			sonal Property Tax.		Yes	□No
	9. Name and Address of Curre	ent Kegis	tered Agent	81	Name	10, Na	me and Address of Ne	w Registere	a Agent	
TINT	TO; KENNETH D.	- 1.1			Ittallio	40.00		_		
1330	0 NW 181ST ST.			82	Street A	Address (P.O.	Box Number is Not Acc	eptable)		
	MI FL 33169			83	3		<u></u>		, ,	(11,9)
					<u> </u>		<u> </u>	<u> </u>		
				84	City			F	85 Zip	Code
office or i	to the provisions of Sections 607.05 registered agent, or both, in the State am familiar with, and accept the oblig	e of Florid	a. Such change was au	uthorized by	/ the corpo	corporation sul pration's board	bmits this statement for of directors. I heraby ac	the purpose scept the app	of changing it cointment as r	ts registered egistered
										I .
SIGITITIONE	Signature, typed or printed name of registered age	ent and title if	applicable. (NOTE:	Registered Age	nt signature re	quired when reinsta	ting) .	DATE		
12.	Signature, typed or printed name of registered app OFFICERS AI		CTORS	13.	nt signature re	·	ing). ITIONS/CHANGES TO			
	Signature, typed or printed name of registered age OFFICERS AI				nt signature re	·			AND DIRECT	
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14. I hereby certify that the information supplied with this filing 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

送SQUIRED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR