

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

**APPROVED
AND
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96 MAY - 1 PM 2:40

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



**PROFIT
CORPORATION
ANNUAL REPORT
1996**



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

DOCUMENT # P93000061188 (7)

1. Corporation Name
KUENNEN & DUANNE COMPANY

Principal Place of Business Mailing Address
**1036 S.W. 1 ST.
MIAMI FL 33130** **1036 S.W. 1 ST.
MIAMI FL 33130**

2. Principal Place of Business
21 **2300 CORAL WAY**

2a. Mailing Address
26 **2300 CORAL WAY**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
23 **MIAMI FLORIDA**

City & State
28 **MIAMI FLORIDA**

Zip Country
24 **33145** 25 **US.**

Zip Country
29 **33145** 30 **US.**

3. Date Incorporated or Qualified **09/01/1993** 3a. Date of Last Report **05/01/1995**
4. FET Number **65-0434669** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

**FLORIDA ANNUAL REPORT SERVICES INC
1036 S.W. 1 ST.
MIAMI FL 33130**

10. Name and Address of New Registered Agent

81 Name **FLORIDA ANNUAL REPORT SERVICES INC.**
82 Street Address (P.O. Box Number is Not Acceptable) **2300 CORAL WAY SUITE # 200**
83
84 City **MIAMI** FL 85 Zip Code **33145**

11. Pursuant to the provisions of Sections 607.0502 and 607.1501, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent for 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 607.1505, Florida Statutes.

SIGNATURE *[Signature]* **AMADA CANTERA LOPEZ.PRES** DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	FRANCEZA, NOEM	
STREET ADDRESS	9201 S.W. 213 LANE	
CITY - ST - ZIP	MIAMI FL	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	FRANCEZA, DUANNE	
STREET ADDRESS	9201 S.W. 213 LANE	
CITY - ST - ZIP	MIAMI FL	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	CHAVEZ, GROVER	
STREET ADDRESS	9201 S.W. 213 LANE	
CITY - ST - ZIP	MIAMI FL	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	FRANCEZA, KUENNEN	
STREET ADDRESS	9201 S.W. 213 LANE	
CITY - ST - ZIP	MIAMI FL	
TITLE	DVS	<input type="checkbox"/> DELETE
NAME	FRANCEZA, JOSE	
STREET ADDRESS	9201 S.W. 213 LANE	
CITY - ST - ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	500001813465
13 STREET ADDRESS	-05/08/96--01063--010
14 CITY - ST - ZIP	***200.00 ***200.00
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	82513
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
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)(k), 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 or 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: *[Signature]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GROVER CHAVEZ

4/29/96

CR2E034 (12/95)