


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

**APPROVED
AND
FILED**

98 APR -1 AM 9:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # P93000061188 (7)
1. Corporation Name
KUENNEN & DUANNE COMPANY



DO NOT WRITE IN THIS SPACE

Principal Place of Business: 2300 CORAL WAY #200 MIAMI FL 33145
Mailing Address: 2300 CORAL WAY #200 MIAMI FL 33145

3. Date Incorporated or Qualified
09/01/1993

2. Principal Place of Business
21 2300 CORAL WAY
Suite, Apt. #, etc.
22 SUITE # 200
City & State
23 MIAMI FLORIDA
Zip
24 33145
Country
25 US.

2a. Mailing Address
26 2300 CORAL WAY
Suite, Apt. #, etc.
27 SUITE # 200
City & State
28 MIAMI FLORIDA
Zip
29 33145
Country
30 US.

4. FEI 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 owes or has paid the current year Intangible Personal Property Tax due June 30.
 Yes No

9. Name and Address of Current Registered Agent
**FLORIDA ANNUAL REPORT SERVICES INC
2300 CORAL WAY
#200
MIAMI FL 33145**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
FL

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 provisions of, Section 607.0505, Florida Statutes.

SIGNATURE: *[Signature]* **AMADA CANTERA LOPEZ, PRES** DATE: **3/26/98**

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	FRANCEZA, NOEMI	
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

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	400002476984-2
2.3 STREET ADDRESS	-04/02/98--01074--014
2.4 CITY-ST-ZIP	****150.00 ****150.00
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	APR 11
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)(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.

SIGNATURE: *[Signature]* SECRETARY 1/6/98

CR2E034 (10/97)