

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

FILED
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90094 037 ***150.00

DOCUMENT # P93000077349

1. Corporation Name

KENWOOD PROPERTIES, INC.



Principal Place of Business

1390 BRICKELL AVE
SUITE 230
MIAMI FL 33131

Mailing Address

1390 BRICKELL AVE
SUITE 230
MIAMI FL 33131

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/08/1993

4. FEI Number

65-0452398

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 the current year Intangible
Personal Property Tax.

☐ Yes ☒ No

2. Principal Place of Business

21 13200 S.W. 128 Street

2a. Mailing Address

26 P. O. Box 557035

Suite, Apt. #, etc.

22 Building G

Suite, Apt. #, etc.

27

City & State

23 Miami, FL

City & State

28 Miami, FL

Zip Country

24 33186

25

Zip Country

29 33255

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PRADO, ANTONIO

~~1390 BRICKELL AVENUE~~

~~#230~~

~~MIAMI FL 33131~~

81 Name

PRADO, ANTONIO

82 Street Address (P.O. Box Number is Not Acceptable)

6405 S.W. 50 Street

83

84 City

Miami,

FL

85

Zip Code

33155

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.

4-19-99

SIGNATURE

Antonio Prado

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
NAME PRADO, ANTONIO
STREET ADDRESS ~~1390 BRICKELL AVE SUITE 230~~
CITY-ST-ZIP ~~MIAMI FL~~

☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

6405 S.W. 50 Street
Miami, FL 33155

☒ Change ☐ Addition

TITLE VD
NAME MONALDI, FRANCISCO J.
STREET ADDRESS ~~1390 BRICKELL AVE SUITE 230~~
CITY-ST-ZIP ~~MIAMI FL~~

☐ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

13200 S.W. 128 St., Bldg. G
Miami, FL 33186

☒ Change ☐ Addition

TITLE SD
NAME PRADO, CATALINA
STREET ADDRESS ~~1390 BRICKELL AVE SUITE 230~~
CITY-ST-ZIP ~~MIAMI FL~~

☐ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

6405 S.W. 50 Street
Miami, FL 33155

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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:

Antonio Prado

4-19-99

(305) 551-6770

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)