

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

FILED

Jan 24 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000040792 (1)

1. Corporation Name

KENDALL ENTERPRISES, INC.



Principal Place of Business

9601 E. TREASURE DRIVE
#717
NORTH BAY VILLAGE FL 33141
US

Mailing Address

7601 E. TREASURE DRIVE
#717
NORTH BAY VILLAGE FL 33141-4344
US

3. Date Incorporated or Qualified

05/27/1994

3a. Date of Last Report

02/05/1996

4. FEI Number

65-0495496

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

2. Principal Place of Business

21 3100 NW 72 AV.

Suite, Apt. #, etc.

22 128

City & State

23 Miami FL

Zip

24 33122

Country

25 U.S.A.

2a. Mailing Address

26 3100 NW 72 AV.

Suite, Apt. #, etc.

27 128

City & State

28 Miami FL

Zip

29 33122

Country

30 U.S.A.

9. Name and Address of Current Registered Agent

ERNESTO, FERREIRA J
7601 E. TREASURE DRIVE
NO. 717
NORTH BAY VILLAGE FL 33141

10. Name and Address of New Registered Agent

81 Name

ERNESTO FERREIRA

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

3100 N.W. 72 AV.

83

No. 128

84 City

Miami

FL

85 Zip Code

33122

11. Pursuant to the provisions of Sections 607.0502 and 607.1509, 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.

SIGNATURE

[Signature]

(NOTE: Registered Agent signature required when reinstating)

DATE

1/14/97

12. OFFICERS AND DIRECTORS

TITLE	VT	<input type="checkbox"/> DELETE
NAME	ROCHA, ALDYR J	
STREET ADDRESS	7601 E. TREASURE DRIVE, NO. 717	
CITY-ST-ZIP	NORTH BAY VILLAGE FL	
TITLE	PS	<input type="checkbox"/> DELETE
NAME	FERREIRA, ERNESTO	
STREET ADDRESS	7601 E. TREASURE DRIVE NO. 717	
CITY-ST-ZIP	NORTH BAY VILLAGE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	ROCHA, ALDYR J	
1.3 STREET ADDRESS	10390 SW. 167 ST.	
1.4 CITY-ST-ZIP	Miami, FL 33157	
2.1 TITLE	PS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	FERREIRA, ERNESTO	
2.3 STREET ADDRESS	3100 NW 72 AV NO. 128	
2.4 CITY-ST-ZIP	Miami, FL 33122	
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		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
ERNESTO FERREIRA

1/14/97 (305) 5913152

Date

Daytime Phone #

0184170

CR2E034 (9/96)