

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**May 19, 2001 8:00 am**  
**Secretary of State**

05-19-2001 90279 003 \*\*\*150.00

**DOCUMENT #** P94000055144

1. Entity Name

INVERSIONES KENNETH, INC

Principal Place of Business

Mailing Address

201 SEVILLA AVE SUITE 308  
CORAL GABLES, FL. 33134201 SEVILLA AVE SUITE 308  
CORAL GABLES, FL. 33134**768598**

2. Principal Place of Business

3. Mailing Address

8308 NW 30 TERR  
Suite, Apt. #, etc.8308 NW 30TH TERR  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City &amp; State

City &amp; State

MIAMI, FL.

MIAMI, FL.

4. FEI Number

65-0929554

Applied For

Not Applicable

Zip

Country

Zip

Country

33122

33122

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GUSTAVO V. LOPEZ  
7921 SW 40TH STREET  
SUITE 50  
MIAMI, FL. 33155

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☒**FILE NOW!!! FEE IS \$150.00**  
**After MAY-1-2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**10. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	D	EDUARDO AVEILA	201 SEVILLA AVE SUITE 308 CORAL GABLES, FL. 33134	<input type="checkbox"/> Delete			8308 NW 30 TERR MIAMI, FL. 33122		<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EDUARDO AVEILA

Date

4/30/01

Daytime Phone #

(305) 591-7788

CP2FC34 (11/00)