

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

FILED
May 02 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 # P94000061315 (5)

1. Corporation Name
MIAMI SOUTH KENDALL ENTERPRISE INC.



Principal Place of Business: **15322 SW 60TH LANE MIAMI FL 33193**
 Mailing Address: **15322 SW 60TH LANE MIAMI FL 33193-2554**

3. Date Incorporated or Qualified: **08/19/1994**
 3a. Date of Last Report: **05/01/1996**

| | | | | | | | |
|--------------------------------|-----|---------------------|---------|---|-----|---|---------|
| 2. Principal Place of Business | | 2a. Mailing Address | | 4. FEI Number | | Applied For | |
| 21 | | 26 | | 65-0536113 | | Not Applicable | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 5. Certificate of Status Desired | | <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | |
| 22 | | 27 | | 6. Election Campaign Financing Trust Fund Contribution | | <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| City & State | | City & State | | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 23 | | 28 | | | | | |
| 24 | Zip | 25 | Country | 29 | Zip | 30 | Country |

| | | | | | | | |
|--|--|--|--|--|--|-----------|----|
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | | | |
| DI NOBILE, ABEL 15322 SW 60TH LANE MIAMI FL 33193 | | | | 81 | Name | | |
| | | | | 82 | Street Address (P.O. Box Number is Not Acceptable) | | |
| | | | | 83 | | | |
| | | | | 84 | City | FL | 85 |

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| | | | | | | | |
|----------------------------|--|---------------------|---|---|--|--|--|
| 12. OFFICERS AND DIRECTORS | | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | | |
| TITLE | D <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | |
| NAME | DI NOBILE, ABEL | 1.2 NAME | | | | | |
| STREET ADDRESS | 15322 SW 60TH LANE | 1.3 STREET ADDRESS | | | | | |
| CITY - ST - ZIP | MIAMI FL 33193 | 1.4 CITY - ST - ZIP | | | | | |
| TITLE | D <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | |
| NAME | DI NOBILE, CONNIE E | 2.2 NAME | | | | | |
| STREET ADDRESS | 15322 SW 60TH LANE | 2.3 STREET ADDRESS | | | | | |
| CITY - ST - ZIP | MIAMI FL 33193 | 2.4 CITY - ST - ZIP | | | | | |
| TITLE | D <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | |
| NAME | GAMARRA, CONNIE K | 3.2 NAME | | | | | |
| STREET ADDRESS | 15322 SW 60TH LANE | 3.3 STREET ADDRESS | | | | | |
| CITY - ST - ZIP | MIAMI FL 33193 | 3.4 CITY - ST - ZIP | | | | | |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | |
| NAME | | 4.2 NAME | | | | | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | | | | | |
| CITY - ST - ZIP | | 4.4 CITY - ST - ZIP | | | | | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | |
| NAME | | 5.2 NAME | | | | | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | | | | | |
| CITY - ST - ZIP | | 5.4 CITY - ST - ZIP | | | | | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | |
| NAME | | 6.2 NAME | | | | | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | | | | | |
| CITY - ST - ZIP | | 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 member 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 in an attachment with an address.

SIGNATURE: Abel DiNobile **Abel DiNobile** TEL (305) 386-4594 **APRIL/23/97 (305) 386-4594**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **PRESIDENT** Date _____ Designation _____

CR2E034 (9/96)