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FLORIDA ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
SUNBIZ.NET
Secretary of State
Division of Corporations

APPROVED AND FILED

95 MAY -1 PM 2:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000090589 (0)

1. Corporate Name

SOUTH KENDALL LADY, INC.

Principal Place of Business

5839 SW 17TH STREET
MIAMI FL 33155

Mailing Address

5839 SW 17TH STREET
MIAMI FL 33155

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/14/1994

3a. Date of Last Report: N/A

2. Principal Place of Business

21 14635 SW 144ST

Suite, Apt. #: 22

City, State: 23 MIAMI, FL

Zip: 24 33186 Country: 25

2a. Mailing Address

26 5839 SW 17ST

Suite, Apt. #: 27

City, State: 28 MIAMI, FL

Zip: 29 33155 Country: 30 USA

4. FEI Number: 65-0540789 — 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. Does corporate business qualify for exemption under 3 Florida Florida Statutes: ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

DIXON, MONROE ESQ.
6419-B BIRD ROAD
MIAMI FL 33155

10. Name and Address of New Registered Agent

81 Name: SAME

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

83: SAME

84 City: SAME FL 85 Zip Code:

11. Pursuant to the provisions of Sections 607.0501 and 607.0508, 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 I accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	VALLADARES, ALEXANDER F
STREET ADDRESS	5839 SW 17TH STREET
CITY, ST, ZIP	MIAMI FL 33155
TITLE	VSTD
NAME	KENGSKOOL, SAVITREE
STREET ADDRESS	521 ALMINAR AVENUE
CITY, ST, ZIP	CORAL GABLES FL 33146

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

1. TITLE ☐ Change ☐ Addition
2. NAME
3. STREET ADDRESS
4. CITY, ST, ZIP

14. I hereby certify that the information supplied with this report is correct and does not qualify for the exemption stated in Section 607.0505(3), Florida Statutes. Further I certify that the information contained 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 agent of a foreign corporation authorized to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 or I have attached with an address.

SIGNATURE: 04/03/95 (561) 357-3550

SIGNATURE AND TYPED OR PRINTED NAME OF BINDING OFFICER OR DIRECTOR

0109724 CP