

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 27 AM 7:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000092554 (2)

1. Corporation Name

PASTABILITIES OF KENDALL, INC.

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified **12/20/1994** 3a. Date of Last Report **N/A**

4. FEI Number **65-0545001** 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 2a. Mailing Address
21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.
22. City & State 27. City & State
23. Zip Country 28. Zip Country
24. **33176** 25. **33176** 29. **33176** 30. **33176**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BAKER, RONALD G
4675 PONCE DE LEON BLVD
SUITE 301
CORAL GABLES FL 33146**

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City **FL** 85. Zip Code

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

Signature of Registered Agent (Registered Agent and the Corporation)

Signature of Registered Agent (Registered Agent and the Corporation)

DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN:		
TITLE	D	1.1. President / D	☒ Change	☐ Addition	
NAME	SUAREZ, BETH	2.1 D	☐ Change	☒ Addition	
STREET ADDRESS	11652 SW 88 ST	2.2 Suarez, Sebastian	☐ Change	☒ Addition	
CITY, ST, ZIP	MIAMI FL 33173	2.3 11652 SW 88 ST	☐ Change	☒ Addition	
		2.4 Miami, FL 33176	☐ Change	☒ Addition	
TITLE		3.1 D/S	☐ Change	☒ Addition	
NAME		3.2 LAZARCA, TERESA DE JESUS	☐ Change	☒ Addition	
STREET ADDRESS		3.3 11652 SW 88 ST	☐ Change	☒ Addition	
CITY, ST, ZIP		3.4 Miami, FL 33176	☐ Change	☒ Addition	
TITLE		T/SUAREZ, Jeyrmo	☐ Change	☒ Addition	
NAME		11652 SW 88 ST	☐ Change	☒ Addition	
STREET ADDRESS		MIAMI, FL 33176	☐ Change	☒ Addition	
CITY, ST, ZIP			☐ Change	☒ Addition	
TITLE			☐ Change	☒ Addition	
NAME			☐ Change	☒ Addition	
STREET ADDRESS			☐ Change	☒ Addition	
CITY, ST, ZIP			☐ Change	☒ Addition	
TITLE			☐ Change	☒ Addition	
NAME			☐ Change	☒ Addition	
STREET ADDRESS			☐ Change	☒ Addition	
CITY, ST, ZIP			☐ Change	☒ Addition	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(1)(B), Florida Statutes. I further certify that the information included 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 this 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 of this filing, or on an attachment with an address.

SIGNATURE: *Beth Suarez* Beth Suarez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/95 (65)380 8547
Type Name