

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED
Sep 20, 1999 8:00 am
Secretary of State

09-20-1999 90005 047 ***550.00

DOCUMENT # P95000006124

1. Corporation Name

KENDALL MODEL COMPANY, INC.

Principal Place of Business

16115 SW 117TH AVENUE
SUITE A-23
MIAMI FL 33177

Mailing Address

16115 SW 117TH AVENUE
SUITE A-23
MIAMI FL 33177

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/24/1995

4. FEI Number

94-3216519

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 owes the current year
Intangible Personal Property. ☐ Yes ☒ No

2. Principal Place of Business,

21 2640 SW UNIVERSITY DRIVE

Suite, Apt. #, etc.

22 APT 325

City & State

23 DAVIE - FL

Zip

24 33328

Country

25 USA

2a. Mailing Address

26 2640 SW UNIVERSITY DRIVE

Suite, Apt. #, etc.

27 APT 325

City & State

28 DAVIE - FL

Zip

29 33328

Country

30 USA

9. Name and Address of Current Registered Agent

PETERS, WILLIE
16115 SW 117TH AVE A23
MIAMI FL 33177

10. Name and Address of New Registered Agent

81 Name

PEETERS, WILLY

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

2640 SW UNIVERSITY DRIVE - APT 325

83

84 City

DAVIE

FL

85 Zip Code

33328

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME PEETERS, WILLY

STREET ADDRESS 1611 SW 117TH AVE SUITE A23

CITY-ST-ZIP MIAMI FL

TITLE D ☐ DELETE

NAME VERSWIJVEL, JEF

STREET ADDRESS 1611 SW 117TH AVE SUITE A23

CITY-ST-ZIP MIAMI FL

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

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CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS 2640 SW UNIVERSITY DRIVE - APT. 325

1.4 CITY-ST-ZIP DAVIE FL - 33328

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS VERSWIJVEL, JOZEF

2.4 CITY-ST-ZIP 3 WEST MAIN STREET

ROWLESBURG, WV 26425-0308

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 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 for an attachment with an address.

SIGNATURE:

SIGNATURE REQUIRED

9/12/99

CR2E034 (5/99)