FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT 1996

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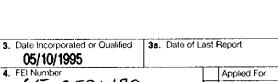DIVISION OF CORPORATIONS

DOCUMENT # P95000037386 (6)

1. Corporation Name

KENDALL 157 SUPERSTORE, INC.

Principal Place of Business	Mailing Address
1550 MADRUGA AVENUE STE 230 CORAL GABLES FL 33146	1550 MADRUGA AVENUE STE 230 CORAL GABLES FL 33146

3. Date Incorporated or Qualified 05/10/1995 **3a. Date of Last Report**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number 65-0581482	Applied For / Not Applicable
21	26		
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
Zip 24	Country 25	Zip 29	Country 30	8. This corporation has liability for intangible tax under s 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SUCHMAN, LAWRENCE E
1550 MADRUGA AVENUE STE 230
CORAL GABLES FL 33146

10. Name and Address of New Registered Agent

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, typed or printed name of registered agent and title if applicable.) (NOTE: Registered Agent signature required when reinstating) DATE _____

CR2E034 (12/95)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE **PD** ☐ DELETE		1.1 TITLE	☐ Change ☐ Addition
NAME **SUCHMAN, LAWRENCE E**		1.2 NAME	
STREET ADDRESS **1550 MADRUGA AVENUE STE 230**		1.3 STREET ADDRESS	
CITY-ST-ZIP **CORAL GABLES FL 33146**		1.4 CITY-ST-ZIP	
TITLE **V** ☐ DELETE		2.1 TITLE	☐ Change ☐ Addition
NAME **LEITMAN, PHILIP**		2.2 NAME	900001797429
STREET ADDRESS **1550 MADRUGA AVENUE STE 230**		2.3 STREET ADDRESS	-04/29/96--01020--011
CITY-ST-ZIP **CORAL GABLES FL 33146**		2.4 CITY-ST-ZIP	***200.00
TITLE **ST** ☐ DELETE		3.1 TITLE	☐ Change ☐ Addition
NAME **ROBERTS, PETER A**		3.2 NAME	
STREET ADDRESS **1550 MADRUGA AVENUE STE 230**		3.3 STREET ADDRESS	
CITY-ST-ZIP **CORAL GABLES FL 33146**		3.4 CITY-ST-ZIP	
TITLE ☐ DELETE		4.1 TITLE **V**	☐ Change ☒ Addition
NAME		4.2 NAME **SAUL STEIN**	
STREET ADDRESS		4.3 STREET ADDRESS **1550 MADRUGA AVENUE STE 230**	
CITY-ST-ZIP		4.4 CITY-ST-ZIP **CORAL GABLES FL 33146**	
TITLE ☐ DELETE		5.1 TITLE **V**	☐ Change ☒ Addition
NAME		5.2 NAME **SCOTT GREENWALD**	
STREET ADDRESS		5.3 STREET ADDRESS **1320 S DIXIE HWY STE 781**	
CITY-ST-ZIP		5.4 CITY-ST-ZIP **CORAL GABLES FL 33146**	
TITLE ☐ DELETE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	4.26.96

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(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, or on an attachment with an address.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/05/96   305-667-6461