

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

**FILED**  
**Apr 24 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION  
 ANNUAL REPORT  
 1997



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

**DOCUMENT # P95000037386 (6)**

1. Corporation Name  
**KENDALL 157 SUPERSTORE, INC.**

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

Mailing Address  
**1550 MADRUGA AVENUE STE 230  
 CORAL GABLES FL 33146-3075**



2. Principal Place of Business:

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address:

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

**SUCHMAN, LAWRENCE E  
 1550 MADRUGA AVENUE STE 230  
 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 607.1502, 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 607.0509, Florida Statutes.

SIGNATURE

Signature (person providing information) (print name)

Signature (person providing information) (print name)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/>	DELETE
NAME	SUCHMAN, LAWRENCE E		
STREET ADDRESS	1550 MADRUGA AVENUE STE 230		
CITY-STATE-ZIP	CORAL GABLES FL 33146		
TITLE	V	<input type="checkbox"/>	DELETE
NAME	LEITMAN, PHILIP		
STREET ADDRESS	1550 MADRUGA AVENUE STE 230		
CITY-STATE-ZIP	CORAL GABLES FL 33146		
TITLE	ST	<input type="checkbox"/>	DELETE
NAME	ROBERTS, PETER A		
STREET ADDRESS	1550 MADRUGA AVENUE STE 230		
CITY-STATE-ZIP	CORAL GABLES FL 33146		
TITLE	V	<input type="checkbox"/>	DELETE
NAME	STEIN, SAUL		
STREET ADDRESS	1550 MADRUGA AVE. STE 230		
CITY-STATE-ZIP	CORAL GABLES FL 33146		
TITLE	V	<input type="checkbox"/>	DELETE
NAME	GREENWALD, SCOTT		
STREET ADDRESS	1320 S. DIXIE HWY STE 781		
CITY-STATE-ZIP	CORAL GABLES FL 33146		
TITLE		<input type="checkbox"/>	DELETE
NAME			
STREET ADDRESS			
CITY-STATE-ZIP			

13.

11 NAME		
12 NAME		
13 STREET ADDRESS		
14 CITY-STATE-ZIP		
15 NAME		
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26 CITY-STATE-ZIP		
27 NAME		
28 STREET ADDRESS		
29 CITY-STATE-ZIP		

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

<input type="checkbox"/>	Change	<input type="checkbox"/>	Addition
<input type="checkbox"/>	Change	<input type="checkbox"/>	Addition
<input type="checkbox"/>	Change	<input type="checkbox"/>	Addition
<input type="checkbox"/>	Change	<input type="checkbox"/>	Addition
<input type="checkbox"/>	Change	<input type="checkbox"/>	Addition
<input type="checkbox"/>	Change	<input type="checkbox"/>	Addition

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 attached form with an address.

SIGNATURE: *Peter A. Roberts* Peter A. Roberts

4-17-97 305-667-6461

CR2E034 (9/96)