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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000037386

1. Corporation Name

FILED Apr 07, 1999 8:00 am Secretary of State

04-07-1999 90119 025 ***150.00

KENDALI	L 157 SUPERSTORE, INC.									
Principal Place	of Business	Mailing Address				 	i deili aalas i	mi i šana n	101 10110 D111 1001	
1550 MADRUGA AVENUE STE 230 1550 MADRUGA AVENUE STE CORAL GABLES FL 33146 CORAL GABLES FL 33146										
						DO NOT WRITE	IN THIS	SPACE		
						3. Date Incorporated or Qualifed	•			
	<u> </u>				4477	05/10/1995		<i>.</i>		
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number			Applied For	
21		26				65-0581482			Not Applicable	
Suite, Apt.	#, etc	Suite, Apt. #, etc.				5. Certifcate of Status Desired		* · -	Additional Required	
22		City & State	· · · · · · · · · · · · · · · · · · ·			6 Floritor Compaign Financia				
City & State	28					Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees		
Zip	Country Zip			ntry		8. This corporation owes the current	nt vear Inta		3101000	
· ·	<u> </u>		30	,		Personal Property Tax.	it yezi iina	Yes	□No	
24	9. Name and Address of Current	1	100	·		10. Name and Address of New Re	gistered A	gent		
	Harry site / Harry or Callon			81	Name	;				
SUC	HMAN, LAWRENCE E					(D.O. Day Niverbas is Net Assessed	to)	_ :		
1550 MADRUGA AVENUE STE 230				82	Street Addres	reet Address (P.O. Box Number is Not Acceptable)				
COR	IAL GABLES FL 33146		ŀ	83	-					
•								11		
				84	City		FL	85 Zi	p Code	
11. Pursuant office or reagent. I as	to the provisions of Sections 607.0502 egistered agent, or both, in the State o m familiar with, and accept the obligati							tment as	registered	
	Signature, typed or printed name of registered agent		: Registered	Agent	signature required	when reinstating) ADDITIONS/CHANGES TO OFF	OATE	D DIREC	TORS IN 12	
12.	OFFICERS AND	DELETE	1.1 TIT	TI E		ADDITIONS/CHANGES TO SEE	02.107.01	Chang		
TITLE	PD SUCHAAAN LAWBENCE E		1.2 NA					_ ,		
NAME	SUCHMAN, LAWRENCE E 1550 MADRUGA AVENUE STE :	220			ADDRESS					
STREET ADDRESS	CORAL GABLES FL 33146	200	1.4 CIT			•				
CITY-ST-ZIP TITLE	V	☐ DELETE	2.1 TIT		· <u>Dr</u>			☐ Chang	e Addition	
!	. · ·		2.2 NA						_	
NAME OTDEET ADDRESS	Leitman, Philip 1550 madruga avenue STE 230			2.3 STREET ADDRESS						
STREET ADDRESS		230	23 ST		ADDRESS					
CITY-ST-ZIP	CORAL GARLES EL 33146	230		REET						
TITLE	CORAL GABLES FL 33146	230	2.3 STI 2.4 CI 3.1 TII	IREET				☐ Chang	e Addition	
TITLE NAME	ST		2. 4 CI	IREET ITY-SI TLE				Chang	e Addition	
NAME	ST ROBERTS, PETER A	☐ DELETE	2. 4 Cr 3.1 TIT 3.2 NA	TREET TY-ST TLE AME				Chang	e Addition	
NAME STREET ADDRESS	ST Roberts, Peter A 1550 Madruga avenue Ste	☐ DELETE	2. 4 CF 3.1 TIT 3.2 NA 3.3 ST	TREET TLE AME	T-ZIP ADDRESS	<u></u>		Chang	e Addition	
NAME STREET ADDRESS CITY-ST-ZIP	ST ROBERTS, PETER A 1550 MADRUGA AVENUE STE CORAL GABLES FL 33146	☐ DELETE	2. 4 Cr 3.1 TIT 3.2 NA	TREET TLE AME TREET	T-ZIP ADDRESS		-	Chang	_	
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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, or on an attachment with an address, with all other like empowered.

SIGNATURE:

305-667-646,