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

PROFIT CORPORATION ANNUAL REPORT

1998



Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000054256 (9)

KENDALL TRAILER MANUFACTURING, INC.

Feb 11 1998 8:00am Secretary of State



Principal Place of Business Mailing Address					- I IGULIBUL IJU IDIST OFFI ODIII SUUL ODFI ESIOF OJIII OJEF FIRST DIFI TODI	
13816 SW 144 AVE RD 13816 SW 144 AVE						
MIAM FL 33186 US		MIAMI FL 33186		DO NOT WOLLE IN THE	00405	
		US	U\$		DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualified 07/10/1995	
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26/50/45W/53 Ave			65-0597948	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			\$8.75 Additional	
22		27		6. Certificate of Status Desired	Fee Required	
City & State		City & Stale .		6. Election Campaign Financing	\$5.00 May Be	
23		28 /// 9 MI	<u>/ L,</u>		Trust Fund Contribution	Added to Fees
Zip	Country	1 23101	Countr		8. This corporation owes or has paid the c	
24	25 Name and Address of Curren		30 <i>D</i> 9	de	Personal Property Tax due June 30. 10. Name and Address of New Registered	Yes No
nc		t negletoled regalit	81	Name	10, name and Address of his nogistales	1 Manu
PEREZ, CARLOS F 15014 S.W. 153 AVENUE						
	MI FL 33196		62	62 Street Address (P.O. Box Number is Not Acceptable)		
mur	WHITE 33 180		83	1		
			84	City	F	85 Zip Code
11. Pursuant	to the provisions of Sections 607 050	2 and 607.1508, Florida Statutes	s, the abov	re-named corr	poration submits this statement for the purpose	of changing its registered
office or r	egistered agent, or both, in the State m tamiliar with, and accept the obliga	of Florida, Such change was au ations of Section 607,0505. Flori	ithorized b	y the corpora	poration submits this statement for the purpose tion's board of directors. I hereby accept the ap	pointment as registered
SIGNATURE	The time that the testing	there or, ensulating our sood, then	ioa ololok	,		
SIGNATURE	Signature: typod or printed name of registered age	nt and title if n pplicable (NOTE	Registered Ac	ent signature requi	ired when reinstating) DATE	· · · · · · · · · · · · · · · · · · ·
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AN	
TITLE	PD	DELETE	1.1 THTLE			☐ Change ☐ Addition
NAME	PEREZ, CARLOS F		1.2 NAME	1		
STREET ADDRESS	15014 S.W. 153 AVENUE			T ADDRESS		
CITY - ST - ZIP	MIAMI FL 33186	[] DELETE	1.4 C(TY-	ST-ZIP		
TITLE	VSTD DEDET CADIDAD	☐ DELETE	2 1 TITLE			☐ Change ☐ Addition
NAME			2 2 NAME			
STREET ADORESS	MIAMI FL 33186			T ADDRESS		
CITY-ST-ZIP TITLE	Mirami I C 00100	DELETE	2 4 DITY 3.1 TITLE	· 51 · ZIP		Change Addition
NAME			3.2 NAME			
STREET ADORESS				T ADDRESS		į
CITY-ST-ZIP			3.4. CITY			
TITLE		DELETE	4.1 TITLE			Change Addition
NAME			4. 2 NAME	.		
STREET ADDRESS			4.3 STREE	T ADDRESS		Ì
CITY-ST-ZIP			4.4 CITY-	ST-ZIP		
TITLE		DELETE	5.1 TITLE			Change Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREE	T ADDRESS		ĺ
CITY - ST - ZIP			5.4 CITY-	ST-ZIP		
TITLE		☐ DELLETE	6.1 TITLE			☐ Change ☐ Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREE	T ADDRESS		
CITY-ST-ZIP		12 (25) 12 7 11 11 11 11 11 11 11 11 11 11 11 11 1	6.4 CITY -		0 44 440 07(0)() FI 11 6: 1	- W - N 1
14 hereby r	semby that the internation supplied w	an this tiling does not qualify for	The exemi	ni bateta douc	Section 119 07(3\(ii) Florida Statutes, I further (errity that the information

receive servey may no monometer supplied with his limit does not qualify for the exemption stated in Section 119.07(3/f). Florida Statutes. I further certify that the information indicated on this annual report for 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 frustree 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: