

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000057482

1. Corporation Name
KENLEE, INC.

Principal Place of Business
9350 S. DIXIE HIGHWAY
SUITE 1220
MIAMI FL 33156

Mailing Address
9350 S. DIXIE HIGHWAY
SUITE 1220
MIAMI FL 33156

FILED
Apr 12, 1999 8:00 am
Secretary of State

04-12-1999 90014 038 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/25/1995

4. FEI Number

65-0595309

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 Tax.

Yes No

2. Principal Place of Business

9000 SW 87 CT

2a. Mailing Address

9000 SW 87 CT

Suite, Apt. #, etc.

202

Suite, Apt. #, etc.

202

City & State

MIAMI FL

City & State

MIAMI FL

Zip

33176

Country

USA

Zip

33176

Country

USA

9. Name and Address of Current Registered Agent

SANTOS, BLANCA
9350 S. DIXIE HIGHWAY
SUITE 1220
MIAMI FL 33156

10. Name and Address of New Registered Agent

81 Name

KENNETH A ROSEN

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

9000 SW 87 CT

83

SUITE # 202

84 City

MIAMI

FL

85 Zip Code
33176

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 X Kenneth A. Rosen KENNETH A ROSEN

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

(NOTE: Registered Agent signature required when reinstating)

X 4/6/99 DATE

12. OFFICERS AND DIRECTORS

TITLE DP
NAME ROSEN, KENNETH
STREET ADDRESS 9350 S. DIXIE HIGHWAY
CITY-ST-ZIP MIAMI FL 33156

TITLE DST
NAME SANTOS, BLANCA
STREET ADDRESS 9350 S. DIXIE HIGHWAY
CITY-ST-ZIP MIAMI FL 33156

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DP
1.2 NAME KENNETH A ROSEN
1.3 STREET ADDRESS 9000 SW 87 CT
1.4 CITY-ST-ZIP MIAMI FL 33176

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
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, or on an attachment with an address, with all other like empowered.

SIGNATURE: X Kenneth A. Rosen KENNETH A ROSEN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 4/6/99 305-279-6013

Date Daytime Phone #

CR2E034 (1/1/98)

023007C