

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000067732 (4)

1. Corporation Name

KENDALL CARBURETORS, INC.



Principal Place of Business

Mailing Address

12500 SW 130 STREET BAY 24
MIAMI FL 33186

12500 SW 130 STREET BAY 24
MIAMI FL 33186

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 12500 SW 130 ST
Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

3a. Date of Last Report

08/30/1995

8/30/95

4. FEI Number

65-0605412

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

10. Name and Address of New Registered Agent

MEDINA, FERNANDO
12500 SW 130 STREET BAY 24
MIAMI FL 33186

81 Name

SAME

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, printed, and signed by the registered agent

(NOTE: Return this statement when re-registering)

DATE

07-03-96

12. OFFICERS AND DIRECTORS

TITLE PD
NAME MEDINA, FERNANDO
STREET ADDRESS 154 - 55 ST. S.W. 75 CIRCLE LANE, APT. #75
CITY-ST-ZIP MIAMI FL 33193

TITLE VD
NAME MEDINA, GLORIA
STREET ADDRESS 154 - 55 ST. S.W. 75 CIRCLE LANE, APT. #75
CITY-ST-ZIP MIAMI FL 33193

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

11 TITLE PD
12 NAME MEDINA FERNANDO
13 STREET ADDRESS 154 SW 75 CIRCLE DRIVE
14 CITY-ST-ZIP MIAMI FL 33193

21 TITLE V.
22 NAME MEDINA GLORIA
23 STREET ADDRESS 154 SW 75 CIRCLE DRIVE
24 CITY-ST-ZIP MIAMI FL 33193

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

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)(k), 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 617, 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

President

07-23-96 305 3786737

DATE

Daytime Phone #

CR2E034 (3/96)