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

| PROFIT CORPORATION ANNUAL REPORT 1997 | FLORIDA DEPARTMENT OF STATE **Sandra B. Mortham** Secretary of State DIVISION OF CORPORATIONS |
|---|---|

**FILED**
# Apr 22 1997 8:00am
## Secretary of State

**DOCUMENT #** **P95000084153 (2)**

1. Corporation Name
**KENDALL SERVICES, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 8700 SW 133 AVE. RD., APT. 119 MIAMI FL 33183 | 9220 S.W. 136TH STREET CIRCLE MIAMI FL 33176-5824 |

| 3. Date Incorporated or Qualified | 3a. Date of Last Report |
|---|---|
| 10/30/1995 | 10/14/1996 |

| 2. Principal Place of Business | 2a. Mailing Address | 4. FEI Number | |
|---|---|---|---|
| 21 9220 SW 136 ST circle | 26 | 65-0635995 | Applied For / Not Applicable |

| Suite, Apt #, etc. | Suite, Apt. #, etc. | 5. Certificate of Status Desired ☐ | $8.75 Additional Fee Required |
|---|---|---|---|
| 22 | 27 | | |

| City & State | City & State | 6. Election Campaign Financing Trust Fund Contribution ☐ | $5.00 May Be Added to Fees |
|---|---|---|---|
| 23 Miami, FL | 28 | | |

| Zip | Country | Zip | Country | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☑ Yes ☐ No |
|---|---|---|---|---|
| 24 33176 | 25 USA | 29 | 30 | |

| 9. Name and Address of Current Registered Agent | 10. Name and Address of New Registered Agent |
|---|---|
| SIEBURGER, JANAINA 8700 SW 133 AVE. RD., APT. 119 MIAMI FL 33183 | 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 607.1508, 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 or printed name of registered agent and title if applicable    (NOTE: Registered Agent signature required when reinstating)    DATE

| 12. OFFICERS AND DIRECTORS | 13. | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE **D** ☐ DELETE NAME **SIEBURGER, JANAINA** STREET ADDRESS **8700 SW 133 AVE. RD., APT. 119** CITY-ST-ZIP **MIAMI FL 33183** | 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP | 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP | 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP | 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP | 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP | 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP | | ☐ Change ☐ 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)(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.

**SIGNATURE:** _____ APR. N. 47    305 2337606
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #

CR2E034 (9/96)

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