


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

FILED
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90220 003 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000016672

1. Corporation Name
KENDALL GROUP INC.



Principal Place of Business 7171 CORAL WAY SUITE 301 MIAMI FL 33155	Mailing Address 7171 CORAL WAY SUITE 301 MIAMI FL 33155
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 8672SW 40ST Suite, Apt. #, etc. 22 Suite: 203 City & State 23 MIAMI, FL Zip 24 33155	2a. Mailing Address 26 8672SW 40ST Suite, Apt. #, etc. 27 Suite: 203 City & State 28 MIAMI, FL Zip 29 33155	Country 25 US 30 US
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3. Date Incorporated or Qualified 02/22/1996	4. FEI Number 65-0678765	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent

LOPEZ, FRANK
 7171 CORAL WAY
 SUITE 301
 MIAMI FL 33155

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	8672SW 40ST
83	Suite: 203
84 City	MIAMI
85 Zip Code	FL 33155

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	LOPEZ, AMANDA	
STREET ADDRESS	7171 CORAL WAY., STE 301	
CITY-ST-ZIP	MIAMI FL 33155	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LOPEZ, FRANK	
STREET ADDRESS	7171 CORAL WAY., STE 301	
CITY-ST-ZIP	MIAMI FL 33155	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	8672SW 40ST	
1.3 STREET ADDRESS	Suite: 203	
1.4 CITY-ST-ZIP	MIAMI, FL 33155	
2.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	8672SW 40ST	
2.3 STREET ADDRESS	Suite: 203	
2.4 CITY-ST-ZIP	MIAMI, FL 33155	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: Frank Lopez **FRANK LOPEZ** 4/15/99 305-229-8722
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)