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

PROFIT CORPORATION ANNUAL REPORT

~~1999~~ 2000

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

FILED
Mar 15, 2000 8:00 am
Secretary of State
03-15-2000 90096 039 ***150.00

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1. Corporation Name
KENNIT CORPORATION

Principal Place of Business
9445 SW 40 STREET #106
MIAMI FL 33165
Suite 106

Mailing Address
14001 SW 10 st
MIAMI, FL 33184

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed
MARCH 4, 1999

2. Principal Place of Business
9445 SW 40 ST

Suite, Apt. #, etc.
106

City & State
23 MIAMI FL

Zip 24 33165 Country 25 DADE

2a. Mailing Address
26 14001 SW 10st

Suite, Apt. #, etc.
27

City & State
28 MIAMI FL

Zip 29 33184 Country 30 DADE

4. FEI Number
65-0902778
☐ Applied For
☐ Not Applicable

5. Certifcate 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

9. Name and Address of Current Registered Agent
JOSE MAIRENA
14001 SW 10 STREET
MIAMI FL 33184

10. Name and Address of New Registered Agent
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 Jose Mairena 3/6/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	P/ /T	☐ DELETE
NAME	JOSE MAIRENA	
STREET ADDRESS	14001 SW 10 STREET	
CITY-ST-ZIP	MIAMI FL 33184	
TITLE	Sarctary	☐ DELETE
NAME	IBIS SANABRIA	
STREET ADDRESS	14001 SW 10 st.	
CITY-ST-ZIP	MIAMI, FL 33184	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☒ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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: JOSE MAIRENA 3/6/00 (305)551-8821
SIGNATURE / TITLE OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #