

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **S03495** (6)

1. Corporation Name  
**KENCORD PROPERTIES, INC.**



Principal Place of Business: **14611 S.W. 104TH STREET MIAMI FL 33186**  
Mailing Address: **14611 S.W. 104TH STREET MIAMI FL 33186**

2. Principal Place of Business: **21 14607 SW 104 Street**  
22 City & State: **23 Miami, FL**  
24 Zip: **33186** 25 Country: **USA**  
2a. Mailing Address: **26 14607 SW 104 Street**  
27 City & State: **28 Miami, FL**  
29 Zip: **33186** 30 Country: **USA**

3. Date Incorporated or Quilted: **09/28/1990** 3a. Date of Last Report: **02/13/1995**  
4. FEI Number: **65-0220840** 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. 193.032, Florida Statutes:  Yes  No  
10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent  
**SCHIFF, JAMES M.  
9100 S DADELAND BLVD.  
SUITE 1010  
MIAMI FL 33156**

11. Pursuant to the provisions of Section 607.002 and 607.1503, 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 607.003, Florida Statutes.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	DPST	<input type="checkbox"/> DELETE
NAME	LOWY, KENNETH J.	
STREET ADDRESS	14225 S.W. 97TH TERR.	
CITY- ST- ZIP	MIAMI FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	LOWY, SIMON	
STREET ADDRESS	14611 SW 104 ST	
CITY- ST- ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
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

11 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME		
13 STREET ADDRESS	14607 SW 104 Street	
14 CITY- ST- ZIP	Miami, FL 33186	
15 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
16 NAME		
17 STREET ADDRESS	14607 SW 104 Street	
18 CITY- ST- ZIP	Miami, FL 33186	
19 TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
20 NAME	Alejandro J. Morin	
21 STREET ADDRESS	14607 SW 104 Street	
22 CITY- ST- ZIP	Miami, FL 33186	
23 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
24 NAME		
25 STREET ADDRESS		
26 CITY- ST- ZIP		
27 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
28 NAME		
29 STREET ADDRESS		
30 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)(f), Florida Statutes. I further certify that the information indicated on this report is true and correct, 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 a partner, officer 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 of this report, or is designated with an address.

SIGNATURE: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **Kenneth J. Lowy President**

**4/4/96 (305) 383-2100**

CR2E034 (12/95)