

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

**FILED**  
**Mar 16, 1999 8:00 am**  
**Secretary of State**

03-16-1999 90088 027 \*\*\*150.00

DOCUMENT # **S48068**

1. Corporation Name  
**KENA CORP.**

Principal Place of Business  
**% PINCHASIK, STRONGIN, MUSKAT, STEIN & CO**  
**3225 AVIATION AVENUE, SUITE 500**  
**MIAMI FL 33133**  
**US**

Mailing Address  
**% PINCHASIK, STRONGIN, MUSKAT, STEIN & CO**  
**3225 AVIATION AVENUE, SUITE 500**  
**MIAMI FL 33133**  
**US**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**04/24/1991**

4. FEI Number

**65-0261620**

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**YELEN, MITCHELL A ESQ.**  
**3225 AVIATION AVENUE**  
**SUITE 500**  
**MIAMI FL 33133**

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 **P** ☐ DELETE  
NAME **SCULLY, ROBERT M JR.**  
STREET ADDRESS **3225 AVIATION AVENUE, #500**  
CITY-ST-ZIP **MIAMI FL 33133**

11.1 TITLE ☐ Change ☐ Addition  
11.2 NAME  
11.3 STREET ADDRESS  
11.4 CITY-ST-ZIP

TITLE **VP** ☐ DELETE  
NAME **KNOPF, KENNETH**  
STREET ADDRESS **13030 S.W. 60TH AVENUE**  
CITY-ST-ZIP **MIAMI FL 33156**

12.1 TITLE ☐ Change ☐ Addition  
12.2 NAME  
12.3 STREET ADDRESS  
12.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13.1 TITLE ☐ Change ☐ Addition  
13.2 NAME  
13.3 STREET ADDRESS  
13.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

14.1 TITLE ☐ Change ☐ Addition  
14.2 NAME  
14.3 STREET ADDRESS  
14.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

15.1 TITLE ☐ Change ☐ Addition  
15.2 NAME  
15.3 STREET ADDRESS  
15.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

16.1 TITLE ☐ Change ☐ Addition  
16.2 NAME  
16.3 STREET ADDRESS  
16.4 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:

*Mitchell A. Yelen*  
MITCHELL A. YELEN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*MARCH 13, 1999* (305) 858-5800

Date

Daytime Phone #

CR2E034 (11/98)