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Mar 16, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # **S48068**

1. Corporation Name
KENA CORP.



DO NOT WRITE IN THIS SPACE

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

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: 21, 22, 23, 24

2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent
YELEN, MITCHELL A ESQ.
3225 AVIATION AVENUE
SUITE 500
MIAMI FL 33133

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	P <input type="checkbox"/> DELETE
NAME	SCULLY, ROBERT M JR.
STREET ADDRESS	3225 AVIATION AVENUE, #500
CITY-ST-ZIP	MIAMI FL 33133
TITLE	VP <input type="checkbox"/> DELETE
NAME	KNOPF, KENNETH
STREET ADDRESS	13030 S.W. 60TH AVENUE
CITY-ST-ZIP	MIAMI FL 33156
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	
1:1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1:2 NAME	
1:3 STREET ADDRESS	
1:4 CITY-ST-ZIP	
2:1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2:2 NAME	
2:3 STREET ADDRESS	
2:4 CITY-ST-ZIP	
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: Mitchell A. Yelen
 MITCHELL A. YELEN

MARCH 13, 1999 (305) 858-5800
 Date Date/Phone #

CR2E034 (11/98)