FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 13 PM 2:56

DOCUMENT # **S94630** **(8)**

1. Corporation Name
THE KENBRIDGE CORP.

Principal Place of Business	Mailing Address
1221 BRICKELL AVE SUITE 1800 MIAMI FL 33131	1221 BRICKELL AVE SUITE 1800 MIAMI FL 33131

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **11/15/1991**
3a. Date of Last Report: **02/24/1994**

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22) (27)
City & State (23) (28)
Zip (24) Country (25) Zip (29) Country (30)

4. FEI Number: **65-0294750** ☐ 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. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

GREENE, MICHAEL STEVEN
201 S BISCAYNE BLVD
SUITE 900
MIAMI FL 33131

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 reinstated)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DT	11 TITLE	☐ Change ☐ Addition
NAME	PARAJON, LUIS	12 NAME	
STREET ADDRESS	1221 BRICKELL AVE, #1800	13 STREET ADDRESS	
CITY ST ZIP	MIAMI FL 33131	14 CITY ST ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	QUIROS, JAVIER	22 NAME	
STREET ADDRESS	APARTADO 2884-1000	23 STREET ADDRESS	
CITY ST ZIP	SAN JOSE, COSTA RICA	24 CITY ST ZIP	
TITLE	P	31 TITLE	☐ Change ☐ Addition
NAME	FARAH, EDWARD	32 NAME	
STREET ADDRESS	2121 S.W. 3RD AVENUE	33 STREET ADDRESS	
CITY ST ZIP	MIAMI FL 33129	34 CITY ST ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	FELIZ HUARTE, JUAN	42 NAME	
STREET ADDRESS	CALLE FORTUNY 45	43 STREET ADDRESS	
CITY ST ZIP	MADRID, SPAIN	44 CITY ST ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	MAMUJEE, RASHIDA	52 NAME	
STREET ADDRESS	6411 DUNDEE TERRACE	53 STREET ADDRESS	
CITY ST ZIP	MIAMI LAKES FL 33016	54 CITY ST ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	HONIBALL, ROBERT	62 NAME	
STREET ADDRESS	14925 S.W. 141 PLACE	63 STREET ADDRESS	
CITY ST ZIP	MIAMI FL 33186	64 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)(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.

SIGNATURE: Luis Parajon, Dir 1/9/95 (305) 372 0600
SIGNATURE AND TYPED OR PRINTED NAME OF DIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
LUIS PARAJON

0129012 CP