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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

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 33131-3260

3. Date Incorporated or Qualified: 11/15/1991
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business: 21 8255 SW 152 AVENUE; 22 Suite, Apt. #, etc. #101; 23 City & State MIAMI FL; 24 Zip 33193; 25 Country USA

2a. Mailing Address: 26 8255 SW 152 AVENUE; 27 Suite, Apt. #, etc. #101; 28 City & State MIAMI FL; 29 Zip 33193; 30 Country USA

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**

PARAJON, LUIS
1221 BRICKELL AVE
SUITE 1800
MIAMI FL 33131

10. **Name and Address of New Registered Agent**

81 Name PARAJON, LUIS
82 Street Address (P.O. Box Number is Not Acceptable) 8255 SW 152 AVENUE
83 #101
84 City MIAMI FL 85 Zip Code 33193

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 Luis Parajon, V.P. LUIS PARAJON 4/15/97
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	DT	☐ DELETE	1.1 TITLE	☒ Change ☐ Addition
NAME	PARAJON, LUIS		1.2 NAME	
STREET ADDRESS	1221 BRICKELL AVE, #1800		1.3 STREET ADDRESS	c/o 8255 SW 152 AVE. #101
CITY-ST-ZIP	MIAMI FL 33131		1.4 CITY-ST-ZIP	MIAMI FL 33193
TITLE	D	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	QUIROS, JAVIER		2.2 NAME	
STREET ADDRESS	APARTADO 2884-1000		2.3 STREET ADDRESS	
CITY-ST-ZIP	SAN JOSE, COSTA RICA		2.4 CITY-ST-ZIP	
TITLE	P	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	FARAH, EDWARD		3.2 NAME	
STREET ADDRESS	2121 S.W. 3RD AVENUE		3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33129		3.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	FELIZ HUARTE, JUAN		4.2 NAME	
STREET ADDRESS	CALLE FORTUNY 45		4.3 STREET ADDRESS	DW 4-28-97
CITY-ST-ZIP	MADRID, SPAIN		4.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	MAMUJEE, RASHIDA		5.2 NAME	
STREET ADDRESS	8411 DUNDEE TERRACE		5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI LAKES FL 33016		5.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	6.1 TITLE	700002156657 ☐ Change ☐ Addition
NAME	HONIBALL, ROBERT		6.2 NAME	-04/28/97--01076--026
STREET ADDRESS	14925 S.W. 141 PLACE		6.3 STREET ADDRESS	***347.50
CITY-ST-ZIP	MIAMI FL 33186		6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: Luis Parajon V.P. LUIS PARAJON 4/15/97 (305)387-8786
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR · Date · Daytime Phone #

CR2E034 (9/96)