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Jun 16 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 721439 (8)
1. Corporation Name
KENDALL ACRES CONDOMINIUM, INC.



Principal Place of Business Mailing Address
10375-SW 88TH ST. #A MIAMI FL 33176-1637
10375-SW 88TH ST. #A MIAMI FL 33176-1637

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

3. Date Incorporated or Qualified 07/30/1971 3a. Date of Last Report 02/07/1996
4. FEI Number 59-1443542 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
LAMB, WILLIAM
10731 SW 113 PLACE
MIAMI FL 33183

10. Name and Address of New Registered Agent
81 Name SKRLD, Inc.
82 Street Address (P.O. Box Number is Not Acceptable) 201 Alhambra Circle, Suite 1102
83
84 City Miami FL 85 Zip Code 33134

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.
SIGNATURE SKRLD, Inc. by Lisa A. Lerner *Lisa A. Lerner* Secretary 4/17/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	LAMB, WILLIAM	
STREET ADDRESS	10731 SW 113TH PALCE	
CITY-ST-ZIP	MIAMI FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	LAMB, WILLIAM	
STREET ADDRESS	10721 SW 113 PLACE	
CITY-ST-ZIP	MIAMI FL	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	BELL, CAROLE	
STREET ADDRESS	8139 SW 82ND PLACE	
CITY-ST-ZIP	MIAMI FL	
TITLE	DS	<input checked="" type="checkbox"/> DELETE
NAME	PERAZA, HENRY T	
STREET ADDRESS	10393 SW 88TH STREET U-8	
CITY-ST-ZIP	MIAMI FL	
TITLE	DT	<input checked="" type="checkbox"/> DELETE
NAME	MENENDEZ, JOSE	
STREET ADDRESS	10359 SW 88TH STREET A-2	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	VP D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	CAROLE BELL	
1.3 STREET ADDRESS	8139 SW 82 PL	
1.4 CITY-ST-ZIP	MIAMI FL	
2.1 TITLE	VP D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	RUSSELL SPERRY	
2.3 STREET ADDRESS	10359 No. Kendall Dr., A-7	
2.4 CITY-ST-ZIP	MIAMI, FL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	VP KAREN LAMB	
3.3 STREET ADDRESS	10721 SW 113 PL	
3.4 CITY-ST-ZIP	MIAMI FL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	FRANCES WEBB	
4.3 STREET ADDRESS	10353 No. Kendall Dr.	
4.4 CITY-ST-ZIP	MIAMI FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE *Lisa A. Lerner* Secretary 4/17/97

CR2E037 (9/96)