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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
		DOCUMENT # 724924

1. Corporation Name
KENDALE LAKES MASTER CONDOMINIUM ASSOCIATES INC.

Principal Place of Business 8399 SOUTHWEST 137TH AVENUE MIAMI FL 33183	Mailing Address 8399 SOUTHWEST 137TH AVENUE MIAMI FL 33183
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 12/04/1972
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1431399
City & State 23	City & State 28	Applied For Not Applicable
Zip 24	Country 25	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent
BECKER & POLIAKOFF
6161 BLUE LAGOON DR
SUITE 250
MIAMI FL 33126

10. Name and Address of New Registered Agent
 81 Name: **BECKER & POLIAKOFF, P.A.**
 82 Street Address (P.O. Box Number is Not Acceptable): **5201 BLUE LAGOON DR**
 83 **SUITE 100**
 84 City: **MIAMI** FL 85 Zip Code: **33126**

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: *[Signature]* for Becker & Poliakoff, P.A. DATE: 4/1/99

12. OFFICERS AND DIRECTORS

TITLE	P/D	<input type="checkbox"/> DELETE
NAME	OLSEN, OTTO	
STREET ADDRESS	8789 SW 137 AVE	
CITY-ST-ZIP	MIAMI FL 33183	
TITLE	T/P	<input type="checkbox"/> DELETE
NAME	CALTA, NANCY	
STREET ADDRESS	8761 SW 137 AVE	
CITY-ST-ZIP	MIAMI FL 33183	
TITLE	D	<input type="checkbox"/> DELETE
NAME	VEILLEUX, CAROL	
STREET ADDRESS	8787 SW 137 AVE	
CITY-ST-ZIP	MIAMI FL 33183	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FRANCO, OMAR	
STREET ADDRESS	8617 SW 137 AVE	
CITY-ST-ZIP	MIAMI FL 33183	
TITLE	D	<input type="checkbox"/> DELETE
NAME	COX, STEPHEN	
STREET ADDRESS	8451 SW 137TH AVE	
CITY-ST-ZIP	MIAMI FL 33183	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ALT, MAURICE	
STREET ADDRESS	8429 SW 137TH AVENUE	
CITY-ST-ZIP	MIAMI FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	RICHARD WARDEN	
1.3 STREET ADDRESS	8791 SW 137 AVE	
1.4 CITY-ST-ZIP	MIAMI, FL 33183	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	GILBERTO TORRES	
2.3 STREET ADDRESS	8435 SW 137 AVE	
2.4 CITY-ST-ZIP	MIAMI, FL 33183	
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 617, 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: *[Signature]* DATE: 4/23/99

CR2F037-11/98