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Jan 24 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 730333 (2)
1. Corporation Name
KENDALL GATE - A CONDOMINIUM, INC.



Principal Place of Business Mailing Address
10850 N. KENDALL DRIVE MIAMI FL 33176
% THE FOSTER CO
12398 SW 82ND AVE
MIAMI FL 33156-5255
US

3. Date Incorporated or Qualified 07/31/1974
3a. Date of Last Report 02/02/1996
4. FEI Number 59-1555813
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

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 12384 SW 82 AVE.
23 Zip Country 28 City & State
24 25 29 30

9. Name and Address of Current Registered Agent
FOSTER J SCOTT, JR
12384 SW 82ND AVENUE
MIAMI FL 33176

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 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: typed or printed name of registered agent and title if applicable FOSTER J. SCOTT JR 1-13-97 (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	MELENDEZ, GLADYS	
STREET ADDRESS	10854 NORTH KENDALL DRIVE, # 219	
CITY - ST - ZIP	MIAMI FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	LACKEY, CONNIE	
STREET ADDRESS	10850 NORTH KENDALL DRIVE, # 116	
CITY - ST - ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	COMAY, JOSE	
STREET ADDRESS	10854 NORTH KENDALL DRIVE, # 409	
CITY - ST - ZIP	MIAMI FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ARNOLD, IRVING	
STREET ADDRESS	10854 NORTH KENDALL DRIVE, # 306	
CITY - ST - ZIP	MIAMI FL	
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	P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	PRATT, BARBARA	
1.3 STREET ADDRESS	10854 N. KENDALL DR # 120	
1.4 CITY - ST - ZIP	MIAMI, FL 33176	
2.1 TITLE	VP/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	BROOKMAN, HARRIET	
2.3 STREET ADDRESS	10854 N. KENDALL DR. # 218	
2.4 CITY - ST - ZIP	MIAMI, FL 33176	
3.1 TITLE	S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	RYDER, DORIS	
3.3 STREET ADDRESS	10850 N. KENDALL DR. # 207	
3.4 CITY - ST - ZIP	MIAMI, FL 33176	
4.1 TITLE	T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	POSNER, HAROLD	
4.3 STREET ADDRESS	10852 N. KENDALL DR. # 304	
4.4 CITY - ST - ZIP	MIAMI, FL 33176	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	RIVERO, ELA	
5.3 STREET ADDRESS	10854 N. KENDALL DR. # 108	
5.4 CITY - ST - ZIP	MIAMI, FL 33176	
6.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	FRANCONI, RAY	
6.3 STREET ADDRESS	10852 N. KENDALL DR. # 112	
6.4 CITY - ST - ZIP	MIAMI, FL 33176	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date 1/08/97 Daytime Phone # 0027689

CR2E037 (9/96)