

FILE NOW: FILING FEE IS \$61.25

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Mar 03 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 757282 (9)

1. Corporation Name
THE GARDENS OF KENDALL SOUTH CONDOMINIUM NO. 6 ASSOCIATION, INC.



Principal Place of Business Mr. Robert M. Marconi Zimmerman & Marconi 13320 S.W. 128th Street Miami, FL 33186	Mailing Address Same
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3. Date Incorporated or Qualified
07/15/1981

4. FEI Number 59-2147874	Applied For <input type="checkbox"/> Not Applicable
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2. Principal Place of Business 21 13320 S.W. 128th St	2a. Mailing Address 26 SAME
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 MIAMI, FL	City & State 28
Zip 24 33186	Country 25 DADE
	Country 30

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
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**SMITH, GARY V ESO
LYONS AND SMITH PA
1230 NW 7TH ST
MIAMI FL 33125**

10. Name and Address of New Registered Agent

81 Name ZIMMERMANN MARCONI
82 Street Address (P.O. Box Numbers Not Acceptable) 13320 S.W. 128th St
83
84 City MIAMI
85 Zip Code FL 33186

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]* DATE **2/18/98**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	LOVIO, HECTOR	
STREET ADDRESS	2150 CORAL WAY 6TH FLOOR	
CITY-ST-ZIP	MIAMI FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	SOLANO, ROCAHRD	
STREET ADDRESS	2150 CORAL WAY 6TH FLOOR	
CITY-ST-ZIP	MIAMI FL	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	MANSITO, LIZAIDA	
STREET ADDRESS	2150 CORAL WAY 6TH FLOOR	
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	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	RUTH HUDSON	
1.3 STREET ADDRESS	10825 S.W. 112 AVE. #110	
1.4 CITY-ST-ZIP	MIAMI, FL. 33176	
2.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	JASTON FERNANDEZ	
2.3 STREET ADDRESS	10825 S.W. 112 AVE. #101	
2.4 CITY-ST-ZIP	MIAMI, FL. 33176	
3.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	ROSE PITA-ROMERO	
3.3 STREET ADDRESS	10825 S.W. 112 AVE # 309	
3.4 CITY-ST-ZIP	MIAMI, FL. 33176	
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.

SIGNATURE: *[Signature]*

CR2E037 (10/97)