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Jul 02 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 # 770894 (4)
1. Corporation Name
**KENDALL CROSSINGS COMMERCE CENTER SECTION TWO CO
NDOMINIUM ASSOCIATION, INC.**



Principal Place of Business 12200 THRU 12250 SW 131 AVE MIAMI FL 33186 US	Mailing Address 7885 S.W. 108TH STREET MIAMI FL 33156-3613
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3. Date Incorporated or Qualified 10/24/1983	
4. FEI Number 65-0445025	Applied For <input type="checkbox"/> Yes <input type="checkbox"/> Not Applicable
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	

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

9. Name and Address of Current Registered Agent

**KENNEDY, TYRONE G
7885 S.W. 108TH STREET
MIAMI FL 33156-3613**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	CARNEY, PATRICK I	
STREET ADDRESS	12224 S.W. 131 AVENUE	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	CASTILLO, DAGOBERTO	
STREET ADDRESS	12240 S.W. 131 AVENUE	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	RICH, DONNA	
STREET ADDRESS	12246 S.W. 131 AVENUE	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE	MD	<input type="checkbox"/> DELETE
NAME	KENNEDY, TYRONE	
STREET ADDRESS	12216 S.W. 131 AVENUE	
CITY-ST-ZIP	MIAMI FL 33186	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	CASTILLO, DAGOBERTO	
1.3 STREET ADDRESS	12240 S.W. 131 AVE	
1.4 CITY-ST-ZIP	MIAMI, FL. 33186	
2.1 TITLE	V. D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	RON KINNEY	
2.3 STREET ADDRESS	12200 SW 131 AVE	
2.4 CITY-ST-ZIP	MIAMI, FL. 33186	
3.1 TITLE	STMD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	TYRONE G. KENNEDY	
3.3 STREET ADDRESS	7885 SW 108 ST	
3.4 CITY-ST-ZIP	MIAMI, FL. 33156	
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: *Tyrone G. Kennedy* TYRONE G. KENNEDY STMD 6/24/98 305-598-2251

CRE037 (10/97)