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Jan 30 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N07432 (0)
1. Corporation Name
KILLIAN PROFESSIONAL VILLAGE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business % MIAMI MANAGEMENT, INC. 14275 SW 142 AVE MIAMI FL 33186 US	Mailing Address % MIAMI MANAGEMENT, INC. 14275 SW 142 AVE MIAMI FL 33186-6715 US
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3. Date Incorporated or Qualified 02/04/1985	3a. Date of Last Report 02/20/1996
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2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

4. FEI Number 59-2553441	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
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	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent

**KOBRIN, DAVID A.
CAPITAL PLAZA II, SUITE 206
8900 S.W. 107TH AVE.
MIAMI FL 33176-1490**

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> DELETE
NAME	FREUND, IRWIN B.
STREET ADDRESS	10729 S.W. 104TH ST.
CITY-ST-ZIP	MIAMI FL
TITLE	PD <input type="checkbox"/> DELETE
NAME	VAYO, RON
STREET ADDRESS	10709 SW 104 ST
CITY-ST-ZIP	MIAMI FL
TITLE	SD <input type="checkbox"/> DELETE
NAME	SANTOS, RAY
STREET ADDRESS	10753 SW 104 ST
CITY-ST-ZIP	MIAMI, FL
TITLE	TD <input type="checkbox"/> DELETE
NAME	GREGG, BRADLEY
STREET ADDRESS	10713 SW 104 ST.
CITY-ST-ZIP	MIAMI FL
TITLE	VPD <input type="checkbox"/> DELETE
NAME	SHOOKOFF, CASEY
STREET ADDRESS	10751 S.W. 104TH STREET
CITY-ST-ZIP	MIAMI FL
TITLE	SD <input type="checkbox"/> DELETE
NAME	KATZ, DANNY
STREET ADDRESS	10701-10705 SW 104 ST
CITY-ST-ZIP	MIAMI FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	3/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Santos / Ray
3.3 STREET ADDRESS	10753 SW 104th St.
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 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: *[Handwritten signatures]*

CR2E037 (9/96)