

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N35897 (0)**
1. Corporation Name

KENDALL COMMERCE CENTER CONDOMINIUM ONE ASSOCIATION, INC.



Principal Place of Business Mailing Address
~~1111 KANE CONCOURSE, SUITE 400
BAY HARBOR ISLANDS FL 33154
US~~ ~~1111 KANE CONCOURSE, SUITE 400
BAY HARBOR ISLANDS FL 33154
US~~

2. Principal Place of Business 2a. Mailing Address
21 **12201 S.W. 129th Court** 26 **SAME**
Suite Apt. #, etc. Suite, Apt. #, etc.
22 **Suite - 100** 27
City & State City & State
23 **MIAMI, FLORIDA** 28
Zip Country Zip Country
24 **33186** 25 **U.S.A.** 29 30

3. Date Incorporated or Qualified **12/26/1989** 3a. Date of Last Report **08/15/1995**
4. FEI Number **65-0170654** 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

9. Name and Address of Current Registered Agent
**GREENDM, ABRAHAM
1111 KANE CONCOURSE, SUITE 400
BAY HARBOR ISLANDS FL 33154**

10. Name and Address of New Registered Agent
81 Name **EFRAIN FONSECA**
82 Street Address (P.O. Box Number is Not Acceptable) **12201 S.W. 129th Ct.**
83 **Suite - 100**
84 City **MIAMI** FL 85 Zip Code **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]* **EFRAIN FONSECA** DATE **4/24/96**
Signature of or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	GREENDM, ABRAHAM	
STREET ADDRESS	1111 KANE CONCOURSE, SUITE 400	
CITY - ST - ZIP	BAY HARBOR ISLANDS FL 33154	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	GURFINKEL, ISRAEL	
STREET ADDRESS	1111 KANE CONCOURSE, SUITE 400	
CITY - ST - ZIP	BAY HARBOR ISLANDS FL 33154	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	EFRAIN, FONSECA	
STREET ADDRESS	12201 S.W. 129 COURT	
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

11 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	BEANICE FONSECA	
13 STREET ADDRESS	12201 S.W. 129 COURT	
14 CITY - ST - ZIP	MIAMI FL 33186	
21 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	FERNANDA BENITO	
23 STREET ADDRESS	12201 S.W. 129 COURT	
24 CITY - ST - ZIP	MIAMI, FL 33186	
31 TITLE	SANETA ADAMS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	12201 S.W. 129 Ct	
33 STREET ADDRESS	MIAMI, FL 33186	
34 CITY - ST - ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY - ST - ZIP		
51 TITLE	900001831553	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	-05/21/96--01039--001	
53 STREET ADDRESS	***70.00	
54 CITY - ST - ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	500 696	
63 STREET ADDRESS		
64 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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]* **EFRAIN FONSECA** DATE **4/29/96** Daytime Phone # **305 2551674**
Signature and typed or printed name of signing officer or director

CFR2E037 (12/95)