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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 **DOCUMENT # N35897**

1. Corporation Name

KENDALL COMMERCE CENTER CONDOMINIUM ONE ASSOCIAT

Principal Place of busines
12201 SW 129TH CT.
STE 100
MIAMI FL 33186
1 110

FILED Mar 06, 1999 8:00 am § Secretary of State

03-06-1999 90026 026 ****70.00

Principal Place of Business Mailing Address					╗	•		
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12201 SW 129TH CT. 12201 SW 129TH CT.								
STE 100	.	STE 100			;	i 10 1 10 10 10 10 10 10 10 10 10 10 10 1		
MIAMI FL 3318	90	Miami FL 33186 US			(15E)(16) 45E 11161 61161 16116 16111	1481 61811 61811 61	811 81811 8181	., 6,60, 146,
US		03						•
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2. Principal P	lace of Business	2a. Mailing Address			3. Date Incorporated or Qualifed			į
21		26			12/26/1989			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			4. FEI Number		Apr	lied For
22		27			65-0170654		Not	Applicable
City & Stat	le .	City & State	_		E Cartifacto of Status Desired	\	\$8.75 A	dditional
23		28			5. Certifcate of Status Desired	X	Fee Red	quired
Zip	Country	Zip	Country		6. Election Campaign Financing		\$5.00	May Be
_	25	29 30	•		Trust Fund Contribution		Added to	
24	9. Name and Address of Currer		\vdash		10. Name and Address of New R	egistered Ag		
	3. Name and Address of Curren	It hagistated Agent	81	Name				
				1	•			
FONSECA			82	Street Add	dress (P.O. Box Number is Not Accepta	ble)		
12201 SW	/ 129TH CT.]_					
STE 100			83	8				
MIAMI FL	33186		-				85 Zip C	
MINICALL I F	00100		84	City		FL	85 Zip C	oue
11 Durewant	to the provisions of Sections 617 050	2 and 617 1508 Florida Statutes 1	the ahov	re-named cor	rporation submits this statement for the		anging its	registered
office or r	egistered agent, or both, in the State	of Florida. Such change was author	nzed by	tne corpora	tion's board of directors. I hereby accept	t the appointm	ent as reg	istered
agent. I a	m familiar with, and accept the obliga	tions of, Section 617.0503, Florida	Statutes	S.		•		1
SIGNATURE								\
	Signature, typed or printed name of registered age			ent signature requi	ired when reinstating)	DATE		70 11/42
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFF			Addition
TITLE	PD	☐ DELETE	1.1 TITLE			Ļ.	Change	L. Addition
NAME	FONSECA BERNICE	1	1.2 NAME	Ì			٠	j
STREET ADDRESS	12201 SW 129TH CT.		1.3 STREE	T ADDRESS				i
CITY-ST-ZIP	MIAMI FL		1.4 CITY- S	ST-ZIP				
TITLE	TD	☐ DELETE	2.1 TITLE			E] Change	Addition
	BENITO, FERNANDO	- -	2.2 NAME		•			1
NAME	le -				·			İ
STREET ADDRESS			2.3 STREE	T ADDRESS				-
CITY-ST-ZIP	MIAMI FL 33186		2. 4 CITY-	ST-ZIP		<u>_</u>	<u> </u>	
TITLE	S	☐ DELETE	3.1 TITLE			L.	Change	☐ Addition
NAME	ADAMS, JANETH		3.2 NAME		• .			
STREET ADDRESS	ADDRESS OF ADDITION		3.3 STREE	T ADDRESS		٠, ,		
	MIAMI FL 33186	1	3.4. CITY-	l l				-
CITY-ST-ZIP TITLE	VD	☐ DELETE	4.1 TITLE			. г	Change	Addition
	1 '-	_ 5				_	_ •	-
NAME	EFRAIN, FONSECA		4. 2 NAME		•		-	1
STREET ADDRESS		1		ET ADDRESS				· · ·
CITY-ST-ZIP	MIAMI FL 33186		4.4 CITY-5	ST-ZIP		<u></u>		
TITLE		☐ DELETE	51 TITLE	1			Change	☐ Addition
NAME			5.2 NAME				٠	
STREET ADDRESS		1	5.3 STREE	ET ADDRESS			•	}
CITY-ST-ZIP	}		5.4 CITY-5	ST-ZIP				
		☐ DELETE	6.1 TITLE			. [-	Change	Addition
TITLE			6.2 NAME	ļ	·	. '-	-	
NAME		ſ				•		
STREET ADDRESS				TADORESS				
			SACEV S	2T 71D	•			

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, with all other like empowered.

SIGNATURE: