

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

**APPROVED
AND
FILED**

95 MAY -1 AM 4:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S32442** (3)

1. Corporation Name:

KENDALL EXECUTIVE CENTER CORPORATION

Principal Place of Business:

2121 PONCE DE LEON BLVD
PH II
CORAL GABLES FL 33134
US

Mailing Address:

2121 PONCE DE LEON BLVD
PH II
CORAL GABLES FL 33134
US

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified 02/18/1991	3a. Date of Last Report 04/29/1994
4. FEI Number 65-0251160	Applied For 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
B. This corporation has liability for intangible tax under § 199.025, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
BOGGIO, LLOYD J. 2121 PONCE DE LEON BLVD PH II CORAL GABLES FL 33134		81. Name	
		82. Street Address (P.O. Box Number is Not Acceptable)	
		83. City	
		84. City	FL
		85. Zip Code	

11. Pursuant to the provisions of Sections 607.0602 and 607.1508, 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 Sections 607.0605, Florida Statutes.

SIGNATURE: _____ (Signature of Lloyd J. Boggio) _____ (Signature of Registered Agent)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARCUS, STEWART	1. NAME	
STREET ADDRESS	2121 PONCE DE LEON BLVD PH2	1. STREET ADDRESS	
CITY, ST, ZIP	CORAL GABLES FL	1. CITY, ST, ZIP	
TITLE	D	2. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOGGIO, LLOYD	2. NAME	
STREET ADDRESS	2121 PONCE DE LEON BLVD	2. STREET ADDRESS	
CITY, ST, ZIP	CORAL GABLES FL	2. CITY, ST, ZIP	
TITLE		3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3. NAME	
STREET ADDRESS		3. STREET ADDRESS	
CITY, ST, ZIP		3. CITY, ST, ZIP	
TITLE		4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4. NAME	
STREET ADDRESS		4. STREET ADDRESS	
CITY, ST, ZIP		4. CITY, ST, ZIP	
TITLE		5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5. NAME	
STREET ADDRESS		5. STREET ADDRESS	
CITY, ST, ZIP		5. CITY, ST, ZIP	
TITLE		6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6. NAME	
STREET ADDRESS		6. STREET ADDRESS	
CITY, ST, ZIP		6. 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 119.02(5)(b), Florida Statutes. I further certify that the officers, directors, and agents of this corporation are duly qualified and that my signature shall have the same legal effect as if made in person. I am an officer, director, or agent of the corporation. The registered office or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 13 of this filing is the person or persons authorized to execute this report.

SIGNATURE: Lloyd J. Boggio 4/20/95 (305)441-8188