

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **V06481** (8)

1. Corporation Name
KENDALL-GABLES APARTMENTS, INC.



Principal Place of Business: **POST OFFICE BOX 440632 MIAMI FL 33144**
Mailing Address: **POST OFFICE BOX 440632 MIAMI FL 33144**

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

3. Date Incorporated or Qualified 01/14/1992	3a. Date of Last Report 07/21/1995
4. FEI Number 65-0306173	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" 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 type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
BARRERO, ROLANDO 7850 NW 71ST ST. MIAMI FL 33166				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

11. Pursuant to the provisions of Sections 607.0502 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, Section 607.0505, Florida Statutes.

SIGNATURE _____ IN THE Presence of Agent Signature printed where two lines _____ DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PSD	<input type="checkbox"/> DELETE		1. TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BARRERO, ROLANDO			12. NAME			
STREET ADDRESS	7850 NW 71ST ST.			13. STREET ADDRESS			
CITY - ST - ZIP	MIAMI FL			14. CITY - ST - ZIP			
TITLE	DT	<input type="checkbox"/> DELETE		2. TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BARRERO, FARA C.			22. NAME			
STREET ADDRESS	7850 NW 71ST ST.			23. STREET ADDRESS			
CITY - ST - ZIP	MIAMI FL			24. CITY - ST - ZIP			
TITLE		<input type="checkbox"/> DELETE		3. TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				32. NAME			
STREET ADDRESS				33. STREET ADDRESS			
CITY - ST - ZIP				34. CITY - ST - ZIP			
TITLE		<input type="checkbox"/> DELETE		4. TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				42. NAME			
STREET ADDRESS				43. STREET ADDRESS			
CITY - ST - ZIP				44. CITY - ST - ZIP			
TITLE		<input type="checkbox"/> DELETE		5. TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				52. NAME			
STREET ADDRESS				53. STREET ADDRESS			
CITY - ST - ZIP				54. CITY - ST - ZIP			
TITLE		<input type="checkbox"/> DELETE		6. TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				62. NAME			
STREET ADDRESS				63. STREET ADDRESS			
CITY - ST - ZIP				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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Rolando Barrero **2/16/96** Date **305-471-0985** U.S. Time Phone #

CR2E034 (12/95)