NAME

STREET ADDRESS

**FILED** FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 Apr 07 1998 8:00am PROFIT ELORIDA DEPARTMENT DE STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # KENDALL SQUARE ASSOCIATES, INC. Principal Place of Business Mailing Address 4101 INDIAN CREEK DR 10 STATE STREET **APT 505** WOBURN MA 01801 DO NOT WRITE IN THIS SPACE MIAMI BEACH FL 33140 3. Date Incorporated or Qualified 06/08/1992 2. Principal Place of Business 2a. Mailing Address Applied For 65-0339341 Not Applicable 21 26 Suite, Apt #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution П 23 28 Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible □ No 24 30 Personal Property Tax due June 30. 25 29 X Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name BLOCH, TOLA 4101 INDIAN CREEK DR 82 Street Address (P.O. Box Number is Not Acceptable) **APT 505** 83 MIAMI BEACH FL 33140 64 City Zip Code 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, typed or printed name of registered agent and title it applicable (NOTE: Registered Agent signature required when reinstating) CR2E034 (10/97 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Addition Change 1.1 TITLE TITLE **BLOCH, JOSE GERSON** NAME 1.2 NAME 77 PT. ALLERTON AVENUE STREET ADDRESS 1.3 STREET ADDRESS HULL MA CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE TITLE 2.1 THILE Change Addition **BLOCH, CAMELLIA BOCCHINO** NAME 2.2 NAME 77 PT. ALLERTON AVENUE STREET ADDRESS 23 STREET ADDRESS HULL MA . CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Change Addition TITLE 3.1 1∏1 € 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. C(1) Y - ST - Z(P) DELETE TITLE 4.1 TITLE Change Add-tion NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE DELETE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - 2IP DELETE Addition TITLE 6.1 TiTLE Change

> 6.2 NAME 63 STREET ADDRESS

14. 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if glanged, or on a statement with an address. 6.4 CITY - ST - ZIP

ንደ( -