


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 03, 1999 8:00 am**  
**Secretary of State**

03-03-1999 90098 001 \*\*\*\*61.25

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # N05230</b>					
1. Corporation Name <b>KENLAND POINTE CONDOMINIUM II, INC.</b>					
Principal Place of Business 14275 SW 142 AVE MIAMI FL 33186 US			Mailing Address 14275 SW 142 AVE MIAMI FL 33186 US		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified <b>09/19/1984</b> 4. FEI Number <b>59-2511630</b> 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required.</b> 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
9. Name and Address of Current Registered Agent <b>SKRLD, INC</b> <b>201 ALHAMBRA CIR, STE 1102</b> <b>CORAL GABLES FL 33134</b>			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>12. OFFICERS AND DIRECTORS</b>					
TITLE	VPD	<input checked="" type="checkbox"/> DELETE			
NAME	MARTINEZ, MAURICAO				
STREET ADDRESS	9140 SW 123RD CT Q303				
CITY-ST-ZIP	MIAMI FL				
TITLE	SD	<input checked="" type="checkbox"/> DELETE			
NAME	OTTO, RUTH				
STREET ADDRESS	10352 NW 42ND STREET				
CITY-ST-ZIP	MIAMI FL				
TITLE	T	<input checked="" type="checkbox"/> DELETE			
NAME	ROMAN HERNANDEZ				
STREET ADDRESS	9140 SW 123RD CT Q103				
CITY-ST-ZIP	MIAMI FL				
TITLE	D	<input checked="" type="checkbox"/> DELETE			
NAME	RAUL FERNANDEZ				
STREET ADDRESS	9135 SW 125TH AVE P-107				
CITY-ST-ZIP	MIAMI FL				
TITLE	PD	<input checked="" type="checkbox"/> DELETE			
NAME	FLEITES, JOSE				
STREET ADDRESS	9140 SW 123 COURT SUITE Q-202				
CITY-ST-ZIP	MIAMI FL				
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
<b>13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12</b>					
1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
1.2 NAME	JOSE R. BLANCO				
1.3 STREET ADDRESS	9140 SW 123 CT. Q-205				
1.4 CITY-ST-ZIP	MIAMI, FL. 33186				
2.1 TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
2.2 NAME	HORACIO WHELOCK				
2.3 STREET ADDRESS	9135 SW 125 AV. P-409				
2.4 CITY-ST-ZIP	MIAMI, FL. 33186				
3.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
3.2 NAME	RAUL FERNANDEZ				
3.3 STREET ADDRESS	9135 SW 125 AV. P-107				
3.4 CITY-ST-ZIP	MIAMI, FL. 33186				
4.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
4.2 NAME	AGNETA ERIKSSON				
4.3 STREET ADDRESS	9135 SW 125 AV. P-105				
4.4 CITY-ST-ZIP	MIAMI, FL. 33186				
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
5.2 NAME	MARIA VASQUEZ				
5.3 STREET ADDRESS	9140 SW 123 CT. Q-407				
5.4 CITY-ST-ZIP	MIAMI, FL. 33186				
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					

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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-21-99 305-595-1931  
Date Daytime Phone #

CR2E037 (11/98)