FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998

MENT # 76

758183

(8)

Corporation	Name	^π /30	2103		(0)					
KENDAL	L CROSS	SINGS WA	REHOUS	F CENTE	R CONDON	IINIIIM A	4			
KENDALL CROSSINGS WAREHOUSE CENTER CONDOMINIUM A SSOCIATION, INC.								E ATOMIN IRABE GERTA IRADA MADRI ANDRI ANDRI DIGAT DIGAT DIGAT DIGAT DIGAT DIGAT DIGAT.		
					Mailing Address					
										_
12201-12231 SW 131 AVE MIAMI FL 33156				C/O SHANE SUCHMAN, R. E. CO. 1550 MADRUGA AVE, \$230					3. Date Incorporated or Qualified	
US				CORAL GABLES FL 33146					10/28/1981 4. FEI Number Lapplied For	4
				US					4. FEI Number Applied For S9-2144942 Not Applicable	
2. Principal Place of Business				2a. Mailing Address					★0.75 Addition of	릭
21				26					5. Certificate of Status Desired \$8.75 Additional Fee Required	
Suite, Apt. #, etc.				Suite, Apt. #, etc.					6. Election Campaign Financing \$5.00 May Be	
22				27					Trust Fund Contribution Added to Fees	4
City & State				City & State					7. Is this nonprofit corporation a homeowners association?	
Zip				Zip Country					8. This corporation owes or has paid the current year intangible	\dashv
24			25				30		Personal Property Tax due June 30. Yes No	
	Registered .	stered Agent				10. Name and Address of New Registered Agent				
Late of Openia							Name	M	starrational Keal Estate End has	
SHANE, MARTINH Leternational Keal Esta							Street	Addre	ess (P.O. Box Number is Not Acceptable)	
1550 MADRUGA AVE C/O KOSE CHIZDONI CO ROSE CHIZDONI CORREL GARLES PL-20140 13000 SUZ 12					me	83 83			400 Suo 120 St	4
*\$230 10 KOSE G				51:500	120m, manager "			1	Nanu	
						84 City		FL 85 Zip Code	٦	
Pursuant to the provisions of Sections 617,0502 and 617,1508. Florida Statutes.						es, the abo	ove-named	corpo	oration submits this statement for the purpose of changing its registered	<u> </u>
office or registered agent, or both, in the State of Florida Such change was aut agent. I am familiar with, and accept the obligations of, Section 617.0503, Floric						authorized orida Statu	by the corp les.	ooratio	on's board of directors. I hereby accept the appointment as registered	
SIGNATURE CoseChamin manager from Wite Signature, typed or printed name of registured agent and ello il applicable (NOTE: Registered Agent signat								nas	tropal scal 2 state Eix Mc 1992	_
12.	ignature, typed o		CERS AND D			E Registered /	Agent signature	required	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	- [
TITLE OF	See Sec	work			DELETE	1.1 TITU	E		Change Additlo	<u>, </u>
NAME	SHANE, MARTIN H.				1.2 NAM	1.2 NAME			ì	
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CITY-ST-ZIP	CORAL GABLES FL				1.4 CITY	1.4 CITY-ST-ZIP			8	
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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 file 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 employeered 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 or a catternion with an activities.

SIGNATURE:

audanie Dell

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CR2E037 (10/97)

FILED

Feb 24 1998 8:00am

Secretary of State