FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 31 PM 3:22

DOCUMENT # **759090** **(4)**

1. Corporation Name
KENDALL WALK ASSOCIATION, INC.

Principal Place of Business	Mailing Address
PO BOX 160131 MIAMI FL 33196	PO BOX 160131 MIAMI FL 33196

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/10/1981
3a. Date of Last Report: 07/01/1994
4. FEI Number: 59-2313489 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

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

9. Name and Address of Current Registered Agent

SKRLD, INC.
201 ALHAMBRA CIRCLE
SUITE 1102
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	1.1 TITLE		☐ Change ☐ Addition
NAME	GIRAUD, VIRGINIA HINSON	1.2 NAME		
STREET ADDRESS	9107 SW 149 COURT	1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP		
TITLE	VP	2.1 TITLE		☐ Change ☐ Addition
NAME	PEPE, LARRY	2.2 NAME		
STREET ADDRESS	14927 SW 90 TERRACE	2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP		
TITLE	ST	3.1 TITLE		☐ Change ☐ Addition
NAME	BERMAN, ILENE	3.2 NAME		
STREET ADDRESS	14927 SW 90 TERRACE	3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP		
TITLE	D	4.1 TITLE	D	☒ Change ☐ Addition
NAME	CIFANI, STEVE	4.2 NAME	Theodosiou, Saran	
STREET ADDRESS	14932 SW 89 STREET	4.3 STREET ADDRESS	14989 SW 89 St	
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	Miami FL	
TITLE	D	5.1 TITLE	D	☒ Change ☐ Addition
NAME	HOUSTON, DONNA	5.2 NAME	Houston, Don	
STREET ADDRESS	142923 NW 90 TERRACE	5.3 STREET ADDRESS	14928 SW 90 Terr	
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	Miami FL	
TITLE	D	6.1 TITLE	D	☒ Change ☐ Addition
NAME	NOLAN, PATRICIA	6.2 NAME	Alfaro, Maria	
STREET ADDRESS	15015 SW 89 TERRACE	6.3 STREET ADDRESS	14911 SW 90 Terr	
CITY-ST-ZIP	MIAMI FL	6.4 CITY-ST-ZIP	Miami FL	

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)(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.

SIGNATURE: _____ 3/22/95 (305) 386 5642
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #