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FILED
Feb 24 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mogham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 759090 (4)

1. Corporation Name
KENDALL WALK ASSOCIATION, INC.

Principal Place of Business c/o The Continental Gp., Ltd 12079 SW 131 Avenue Miami, FL 33186	Mailing Address c/o The Continental Gp., Ltd 12079 S.W. 131 Avenue Miami, FL 33186
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3. Date Incorporated or Qualified 07/10/1981	Applied For <input type="checkbox"/>
4. FEI Number 59-2313489	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country	2a. Mailing Address 25 Suite, Apt. #, etc. 27 City & State 28 Zip Country
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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 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 **SKRLD, Inc. by Lisa A. Lerner** Secretary **2/20/98**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE P/D	<input type="checkbox"/> DELETE
NAME BRAVO, MARIA	
STREET ADDRESS 14911 SW 90 TERRACE	
CITY-ST-ZIP MIAMI, FL 33196	
TITLE VP/D	<input type="checkbox"/> DELETE
NAME PEPE, EVELYN	
STREET ADDRESS 14927 SW 90 TERRACE	
CITY-ST-ZIP MIAMI, FL 33196	
TITLE T/D	<input type="checkbox"/> DELETE
NAME PACE, JOSEPHINE	
STREET ADDRESS 15028 SW 90 STREET	
CITY-ST-ZIP MIAMI, FL 33196	
TITLE S/D	<input type="checkbox"/> DELETE
NAME SALCINES, ALICIA	
STREET ADDRESS 9047 SW 149 PLACE	
CITY-ST-ZIP MIAMI, FL 33196	
TITLE D	<input type="checkbox"/> DELETE
NAME CHIRINO, LEONEL	
STREET ADDRESS 8942 SW 149 PLACE	
CITY-ST-ZIP MIAMI, FL 33196	
TITLE D	<input type="checkbox"/> DELETE
NAME LAOS, MARIA	
STREET ADDRESS 9050 SW 149 PLACE	
CITY-ST-ZIP MIAMI, FL 33196	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.071, 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: **Maria D. Bravo** President **Jan 27/98** **385-1410**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/97)