1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90018 002 ****61.25

DOCUMENT # 759090

1. Corporation Name

KENDALL WALK ASSOCIATION, INC.

Principal Place of Business
C/O THE CONTINENTAL GROUP, INC. 12079 SW 131 AVENUE MIAMI FL 33186

Mailing Address

C/O THE CONTINENTAL GROUP, INC. 12079 SW 131 AVENUE MIAMI FL 33186	C/O THE CONTINENTAL GROUP. INC. 12079 SW 131 AVENUE MIAMI FL 33186	
2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed

21]	26	•		07/10/1981		
1	Suite, Apt. #, etc.	1	Suite, Apt. #, etc.		4. FEI Number Applied For		
22		27			59-23 13489 Not Applicable		
23	City & State	28	City & State		5. Certificate of Status Desired \$8.75 Additional Fee Required		
24	Zip Country	29	Zip Coun	itry	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
-	9. Name and Address of Current			10. Name and Address of New Registered Agent			
 			- 100	81	Name		
	SKRLD, INC. 201 ALHAMBRA CIRCLE			82	Street Address (P.O. Box Number is Not Acceptable)		
	SUITE 1102			83			
	CORAL GABLES FL 33134			84	City 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.

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SIGNATURE	Signature, typed or printed name of registered agent and title if applicable. (NOTE: R	egistered Agent signature n	equired when reinstating)	DATE
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFF	CERS AND DIRECTORS IN 12
TITLE	VPD DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	PEPE, EVELYN	1.2 NAME		
STREET ADDRESS	14927 SW 90 TERRACE	1.3 STREET ADDRESS	, , , , , , , , , , , , , , , , , , , ,	
CITY-ST-ZIP	MIAMI FL 33196	1.4 CITY-ST-ZIP		
TITLE	TD DELETE	2.1 TITLE		Change Addition
NAME	PACE, JOSEPHINE	2.2 NAME		
STREET ADDRESS	15028 SW 90 STREET	2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33196	2, 4 CITY-ST-ZIP		
TITLE	PD DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	BRAVO, MARIA	3.2 NAME		
STREET ADDRESS	14911 SW 90 TERRACE	3.3 STREET ADDRESS		•
CITY-ST-ZIP	MIAMI FL 33196	3.4. CITY-ST-ZIP		
TITLE	D Z DELETE	4.1 TITLE	D	Change Addition
NAME	CHIRINO, LEONEL	4.2 NAME	GLUCK, JOSEPH	
STREET ADDRESS	8942 SW 169 PLACE	4.3 STREET ADDRESS	14932 SW 91 STREET	
CITY-ST-ZIP	MIAMI FL 33196	4.4 CITY-ST-ZIP	MIAMI, FL 33196	
TITLE	D X DELETE	5.1 TITLE	D	Change Addition
NAME	LAOS, MARIA	5.2 NAME	PADILLA, RAYMOND	<u> </u>
STREET ADDRESS	9050 SW 149 PLACE	5.3 STREET ADDRESS	15019 SW 89 TERRAC	E
CITY-ST-ZIP	MIAMI FL 33196	5.4 CITY-ST-ZIP	MIAMI, FL 33196	
TITLE	SD DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	SALCINES, ALICIA	6.2 NAMÉ		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-7IP	MIAMI FL 33196	6.4 CITY-ST-ZIP		

MIAMI FL 33196 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:

CR2E037 (11/98)