

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 770895 (1)
1. Corporation Name
**KENDALL CROSSINGS COMMERCE CENTER SECTION THREE
CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business		Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
C.O T.G. KENNEDY 12252 - 12294 SW 131 AVENUE MIAMI FL 33186 US		% T.G. KENNEDY 12252 - 12294 SW 131 AVENUE MIAMI FL 33186 US		10/24/1983	05/01/1995
2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For		
21	26	59-2735339	Not Applicable		
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required		
22	27	<input type="checkbox"/>	5.00 May Be Added to Fees		
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>		
23	28	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
Zip	Country	24	25	29	30

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
KENNEDY, TYRONE G 7885 S.W. 108 ST. MIAMI FL 33156-3613				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	CASTILLO, DAGOBERTO		1.2 NAME				
STREET ADDRESS	12240 S.W. 131 AVENUE		1.3 STREET ADDRESS				
CITY-ST-ZIP	MIAMI FL 33186		1.4 CITY-ST-ZIP				
TITLE	VD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	FOGG, JOHN		2.2 NAME				
STREET ADDRESS	6620 S.W. 8TH STREET		2.3 STREET ADDRESS				
CITY-ST-ZIP	MIAMI FL 33144		2.4 CITY-ST-ZIP				
TITLE	STD	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	FOX, SUZANNE		3.2 NAME				
STREET ADDRESS	13101 S.W. 87 AVENUE		3.3 STREET ADDRESS				
CITY-ST-ZIP	MIAMI FL 33176		3.4 CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	CROSBY, SARA		4.2 NAME				
STREET ADDRESS	8295 SW 153 STREET		4.3 STREET ADDRESS				
CITY-ST-ZIP	MIAMI FL 33157		4.4 CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	CABELLO, ALBERT		5.2 NAME				
STREET ADDRESS	12262 S.W. 131 AVENUE		5.3 STREET ADDRESS				
CITY-ST-ZIP	MIAMI FL 33186		5.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			6.4 CITY-ST-ZIP				

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)(k), 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: *Dagoberto Castillo* 5-14-96 305-598-7251
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)