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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # M61965 (3) 1. Corporation Name KENDALL COUNTRY ESTATES, INC.			
Principal Place of Business C/O ELLIOTT HARRIS 111 S.W. 3RD STREET- 6TH FLOOR MIAMI FL 33130		Mailing Address C/O ELLIOTT HARRIS 111 S.W. 3RD STREET- 6TH FLOOR MIAMI FL 33130-1926	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	
3. Date Incorporated or Qualified 11/04/1987		3a. Date of Last Report 02/14/1996	
4. FEI Number 65-0010288		Applied For Not Applicable	
5. Certificate of Status Desired Trust Fund Contribution		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
6. Election Campaign Financing Trust Fund Contribution		7. Additional Fee Required \$8.75 \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent HARRIS, ELLIOTT 111 S.W. 3RD STREET 6TH FLOOR-MCCORMICK BLDG. MIAMI FL 33130		10. Name and Address of New Registered Agent 500002159035--B 04/25/97--01100--012 ****173.75 ****173.75	
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.		12. Name and Address of New Registered Agent FL Zip Code	
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 NAME GARCIA-GARRILLO, PEDRO STREET ADDRESS 11270 SW 154TH AVENUE CITY-ST-ZIP MIAMI FL		1.1 TITLE PD 1.2 NAME GARCIA-GARRILLO, PEDRO 1.3 STREET ADDRESS 14425 COUNTRY WALK DR. 1.4 CITY-ST-ZIP MIAMI, FL 33186	
TITLE S NAME HARRIS, ELLIOTT STREET ADDRESS 111 SW 3 ST. 6TH FL CITY-ST-ZIP MIAMI FL		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	
14. I do 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.			
SIGNATURE: [Signature] 1/3/97 (305) 358-0146 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			



CR2E034 (9/96)