

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 # N20788 (8)

KENDALL PARK COMMERCIAL CONDOMINIUM THREE ASSOCIATION, INC.



Principal Place of Business: **13000 SW 120 STREET MIAMI FL 33186**
Mailing Address: **13000 SW 120 STREET MIAMI FL 33186**

3. Date Incorporated or Qualified: **05/22/1987**
3a. Date of Last Report: **04/20/1995**

2. Principal Place of Business (21-23) and Mailing Address (2a-24) fields with sub-sections for Suite, City & State, Zip, and Country.

4. FEI Number: **65-0008701**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: **WHITEHOUSE, MARK 13000 SW 120 STREET MIAMI FL 33186**

10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, and 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: _____ (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> DELETE
NAME	WHITEHOUSE, MARK
STREET ADDRESS	13000 SW 120TH STREET
CITY - ST - ZIP	MIAMI FL
TITLE	D <input type="checkbox"/> DELETE
NAME	FROYO, ANTONIO
STREET ADDRESS	13000 S.W. 120TH ST
CITY - ST - ZIP	MIAMI FL
TITLE	D <input type="checkbox"/> DELETE
NAME	FROYO, IVANKA
STREET ADDRESS	13000 S.W. 120TH ST.
CITY - ST - ZIP	MIAMI FL
TITLE	D <input type="checkbox"/> DELETE
NAME	PERRIN, ROSE
STREET ADDRESS	13000 S.W. 120TH ST.
CITY - ST - ZIP	MIAMI FL
TITLE	D <input type="checkbox"/> DELETE
NAME	ALTMAN, BILL
STREET ADDRESS	12273 SW 132 CT.
CITY - ST - ZIP	MIAMI FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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	

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: *[Signature]* **4-15-95** (305)252-9211
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Me Phone #

CR2E037 (12/95)