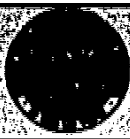


CORPORATION ANNUAL REPORT 1995



Florida Department of Banking and Finance
 Bureau of Corporations
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 1995 MAY - 1 1995
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
 500001493245
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 DO NOT WRITE IN THIS SPACE

DOCUMENT # N29142 (9)
 1. Corporation Name
KENDALL-DEVONAIRE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business Mailing Address
 P.O. BOX 2351 MIAMI FL 33116 P.O. BOX 2351 MIAMI FL 33116

3. Date Incorporated or Qualified **11/04/1988** 3a. Date of Last Report **04/26/1994**
 4. FEI Number **65-0053152** Applied For Not Applicable
 5. Certificate of Status Desired **\$9.75** Additional Fee Required
 6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees
 7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75** Supplemental Fee Not Required
 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
 21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
 22 City & State 27 City & State
 23 Zip 28 Zip Country 29 Country
 24 25 29 30

9. Name and Address of Current Registered Agent
KOBRIN DAVID A.
8900 SW 180TH AVENUE
#206
MIAMI FL 33176
DAVID KOBRIN
8900 SW 180TH AVE
#206
MIAMI FL 33176

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address Box Number
 83
 84 City FL 85 Zip Code

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.

SIGNATURE: *[Signature]* (NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD REICHERT, LISA K 12061 S.W. 119TH STREET MIAMI FL 33188
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD HESS, NORMA 11710 SW 119TH AVENUE MIAMI FL 33188
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD SOTO, MIRTA 12371 S.W. 109TH TERRACE MIAMI FL 33186
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD CRISTIN, JOSEPH 11930 S.W. 119TH PLACE MIAMI FL 33188
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition VD VESSELS, LISA 11710 SW 119 PL Rd. MIAMI, FL 33186
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition SD GRAHAM, DINES 12011 SW 108 St. MIAMI, FL 33186
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <i>TAMM</i> <i>5-1-95</i>
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 110.07(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 017, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* 4/21/95
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR