

FILE NOW: FILING FEE IS \$61.25

FILED

Sep 17 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N45081 (9)**  
1. Corporation Name  
**KENDALL NETWORKERS, INC.**

Principal Place of Business <b>8603 S DIXIE HWY SUITE 408 MIAMI FL 33143</b>	Mailing Address <b>8603 S DIXIE HWY SUITE 408 MIAMI FL 33143-7826</b>
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<b>21</b> 2. Principal Place of Business	<b>26</b> 2a. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
<b>22</b> City & State	<b>27</b> City & State
Zip Country	Zip Country
<b>24</b> <b>25</b>	<b>29</b> <b>30</b>

<b>3.</b> Date Incorporated or Qualified <b>09/05/1991</b>	<b>3a.</b> Date of Last Report <b>01/25/1996</b>
<b>4.</b> FEI Number <b>65-0270071</b>	Applied For <input type="checkbox"/> Not Applicable
<b>5.</b> Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
<b>6.</b> Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
<b>8.</b> This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

**9. Name and Address of Current Registered Agent**

**SIMON, GARY P.**  
**9100 S DADELAND BLVD**  
**SUITE 504**  
**MIAMI FL 33158**

**10. Name and Address of New Registered Agent**

<b>81</b> Name	<b>85</b> Zip Code
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)	<b>FL</b> <b>33186</b>
<b>83</b>	
<b>84</b> City	


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) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	<b>D STEIN, MARVIN</b>
STREET ADDRESS	<b>8603 S DIXIE HWY</b>
CITY-ST-ZIP	<b>MIAMI FL</b>
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	<b>D EDDIE KING</b>
STREET ADDRESS	<b>8603 SOUTH DIXIE HIGHWAY</b>
CITY-ST-ZIP	<b>MIAMI FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>D EISENBERG, ALAN</b>
STREET ADDRESS	<b>11440 N. KENDALL DR., #301</b>
CITY-ST-ZIP	<b>MIAMI FL</b>
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	<b>DT DAVID SALISBURY</b>
STREET ADDRESS	<b>8603 S. DIXIE HWY., #408</b>
CITY-ST-ZIP	<b>MIAMI FL</b>
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	<b>D ABDO-GOMEZ, MAGDA</b>
STREET ADDRESS	<b>P. O. BOX 65-4112 N/A</b>
CITY-ST-ZIP	<b>MIAMI FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>DP MITCHELL, SARA</b>
STREET ADDRESS	<b>9460 S.W. 123 AVE CT.</b>
CITY-ST-ZIP	<b>MIAMI FL</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Pres Sara Mitchell</b>
1.3 STREET ADDRESS	<b>9460 S.W. 123 Ave. Ct.</b>
1.4 CITY-ST-ZIP	<b>Miami, FL</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>Dir Marvin Stein</b>
2.3 STREET ADDRESS	<b>3603 S. Dixie Hwy.</b>
2.4 CITY-ST-ZIP	<b>Miami, FL</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>Dir Alan Eisenberg</b>
3.3 STREET ADDRESS	<b>4440 N. Kendall Dr. #301</b>
3.4 CITY-ST-ZIP	<b>Miami, FL 5900 SW 73 Street Suite 207</b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>Dir Sandy Page</b>
4.3 STREET ADDRESS	<b>12401 S.W. 89 Court</b>
4.4 CITY-ST-ZIP	<b>Miami, FL (9/17/97)</b>
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>Secy Gary Simon</b>
5.3 STREET ADDRESS	<b>9100 S. Dadeland Blvd. Suite 504</b>
5.4 CITY-ST-ZIP	<b>Miami, FL</b>
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>VP Jeffrey Stanback</b>
6.3 STREET ADDRESS	<b>8720 N. Kendall Dr. Suite 206</b>
6.4 CITY-ST-ZIP	<b>Miami, FL</b>

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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.

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\*\*\*61.25  


CR2E037 (9/96)