

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
CORPORATION STATE  
DIVISION OF CORPORATIONS

DOCUMENT # **N93000000362 (4)**

95 FEB - 3 PM 1:44

1. Corporation Name  
**KENDALL COMMERCE CENTER CONDOMINIUM TWO ASSOCIATION, INC.**

Principal Place of Business Mailing Address  
**7436 S.W. 117 AVE. SUITE 125 MIAMI FL 33183**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **01/25/1993** 3a. Date of Last Report **02/24/1994**  
4. FEI Number **NOT APPLICABLE** Applied For  Not Applicable

2. Principal Place of Business 2a. Mailing Address  
21 **12279 S.W. 129 CT.** 26 **12279 S.W. 129 CT.**  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22  
City & State 27  
23 **Miami, Florida** 28 **Miami, Florida**  
Zip Country 29 **33186** 30 **U.S.A.**

5. Certificate of Status Desired  **\$8.75 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

9. Name and Address of Current Registered Agent  
**YOVEL, MOSHE**  
**7436 S.W. 117 AVE.**  
**SUITE 125**  
**MIAMI FL 33183**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
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, typed or printed name of registered agent and the if applicable

(NOTE: Registered Agent signature required when constituting)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	<b>PTSD</b>
NAME	<b>YOVEL, MOSHE</b>
STREET ADDRESS	<b>7436 S.W. 117 AVE., SUITE 125</b>
CITY- ST- ZIP	<b>MIAMI FL 33183</b>
TITLE	<b>D</b>
NAME	<b>HALE, WINDSOR</b>
STREET ADDRESS	<b>1020 N. ROYAL POINCIANA BLVD.</b>
CITY- ST- ZIP	<b>MIAMI SPRINGS FL 33166</b>
TITLE	<b>D</b>
NAME	<b>LILLY, ALAN</b>
STREET ADDRESS	<b>1501 LENAPE DR.</b>
CITY- ST- ZIP	<b>MIAMI SPRINGS FL 33168</b>
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	<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 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: **M. Yovel**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER, OFFICER OR DIRECTOR

Date **1-29-95** (208) 256-8213  
Date of Filing