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Feb 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

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

DOCUMENT # **N94000001578 (3)**

1. Corporation Name

KENDALL OAKS PROFESSIONAL CENTER III CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
7775 S.W. 87TH AVENUE STE. 120 MIAMI FL 33173 US	7775 SW 87TH AVENUE STE. 120 MIAMI FL 33173-2536 US

3. Date Incorporated or Qualified: 03/30/1994
3a. Date of Last Report: 08/12/1996

2. Principal Place of Business
21 11160 N. KENDALL DRIVE
Suite, Apt #, etc.
22 SUITE 106
City & State
23 MIAMI, FL
Zip 24 33176 Country 25 US

2a. Mailing Address
26 11160 N. KENDALL DRIVE
Suite, Apt. #, etc.
27 SUITE 106
City & State
28 MIAMI, FL
Zip 29 33176 Country 30 US

4. FEI Number: 65-0552412 ☐ Applied For ☐ Not Applicable

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

DEDDY, LAWRENCE T
7775 SW 87TH AVENUE
STE. 120
MIAMI FL 33173

10. Name and Address of New Registered Agent

81 Name: LAURIE P. EVANS
82 Street Address (P.O. Box Number is Not Acceptable): 328 MINORCA AVENUE
83
84 City: CORAL GABLES FL 85 Zip Code: 33134

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: [signature] Laurie P. Evans 1/21/97
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	☒ DELETE	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	DEDDY, LAWRENCE T		1.2 NAME	Cerna, Rafael	
STREET ADDRESS	11410 N. KENDALL DR., SUITE 309		1.3 STREET ADDRESS	11160 N. Kendall Drive, Suite 106	
CITY-ST-ZIP	MIAMI FL 33176		1.4 CITY-ST-ZIP	Miami, FL 33176	
TITLE	VSTD	☒ DELETE	2.1 TITLE	STD	☒ Change ☐ Addition
NAME	MCKEAN, RANDOLPH A		2.2 NAME	Romero, Maria	
STREET ADDRESS	6401 S.W. 87TH AVE., SUITE 210		2.3 STREET ADDRESS	11160 N. Kendall Drive, Suite 100	
CITY-ST-ZIP	MIAMI FL 33173		2.4 CITY-ST-ZIP	Miami, FL 33176	
TITLE	D	☒ DELETE	3.1 TITLE	D	☒ Change ☐ Addition
NAME	RUDOLPH, ALLAN S		3.2 NAME	Leighton, John	
STREET ADDRESS	11160 N. KENDALL DR. #108		3.3 STREET ADDRESS	5300 NW 33rd Avenue, Suite 117	
CITY-ST-ZIP	MIAMI FL 33176		3.4. CITY-ST-ZIP	Fort Lauderdale, FL 33309	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

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 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] REQUIRED Rafael Cerna (305)274-1948
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0032679