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Jan 29 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

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
11160 N KENDALL DR STE 106 MIAMI FL 33176 US	11160 N KENDALL DR STE 106 MIAMI FL 33176 US

3. Date Incorporated or Qualified: 03/30/1994

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

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

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

9. Name and Address of Current Registered Agent

EVANS, LAURIE P
328 MINORCA AVE
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name: Mr. Rafael A. Cerna
82 Street Address (P.O. Box Number is Not Acceptable): 11160 N. Kendall Drive
83: Unit 106
84 City: Miami **FL** 85 Zip Code: 33176

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: Rafael A. Cerna — 1/16/98
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		☐ Change ☐ Addition
NAME	CERNA, RAFAEL		1.2 NAME		
STREET ADDRESS	11160 N KENDALL DR, STE 106		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP		
TITLE	STD	☐ DELETE	2.1 TITLE	V/D	☒ Change ☐ Addition
NAME	ROMERO, MARIA		2.2 NAME	Romero, Maria	
STREET ADDRESS	11160 N KENDALL DR, STE 100		2.3 STREET ADDRESS	11160 N. Kendall Drive, Unit 100	
CITY-ST-ZIP	MIAMI FL		2. 4 CITY-ST-ZIP	Miami, FL 33176	
TITLE	D	☐ DELETE	3.1 TITLE	S/T/D	☒ Change ☐ Addition
NAME	LEIGHTON, JOHN		3.2 NAME	Leighton, John	
STREET ADDRESS	5300 NW 33RD AVE, STE 117		3.3 STREET ADDRESS	5300 NW 33rd Avenue, Suite 117	
CITY-ST-ZIP	FT LAUDERDALE FL		3.4. CITY-ST-ZIP	FT. Lauderdale, FL	
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 (10/97)

14. I 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. RAFAEL CERNA

SIGNATURE: Rafael A. Cerna — 01/08/98 (305) 274-1948
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #