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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

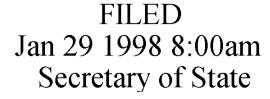
Secretary of State DIVISION OF CORPORATIONS

1998

SIGNATURE:

DOCUMENT # N94000001578 (3)

KENDALL OAKS PROFESSIONAL CENTER III CONDOMINIUM



ASSOCIATION, INC. Principal Place of Business Mailing Address											
Principal Plac	e of Business	Mailing Address				(
11160 N KENDA	ILL DR	11160 N KENDALL (11160 N KENDALL DR			3. Date Incor	porated or Qualified	· · · · · · · · · · · · · · · · · · ·	_		
STE 106		STE 106			03/30	/1994					
MIAMI FL 33176 MIAMI FL US US			N FL 33176			4. FEI Numbe	r		Ap	oplied For	
03		US				65-05	52412		No	t Applicable	
2. Principal F	lace of Business	2a. Mailing Addres	SS				of Status Desired	П	8.75	Additional	
21		26				5. Certificate	Di Status Desiled			equired	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			6. Election Ca	ampaign Financing		55.00			
22		27					Contribution		Added to		
City & Stat	e	City & State	├			7. Is this non	profit corporation a ho			η?	
23	Country	28					Yes X No				
Zip Country		Ζip	29 30				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No				
24	9. Name and Address of Curr		130	1			Address of New Re			-1 100	
	51 Hamo Mila Addison 51 Call	one riogiotoriou rigorie		81	Name			-glatorou Agt			
= 4440	LIDE D			<u> </u>		Mr. Rafael					
EVANS, LAURIE P 328 MINORCA AVE			82	Street	Address (P.O. Box Nur 11160 N. Kei	nber is Not Acceptat 1da11 Drive	ole)				
CORAL GABLES FL 33134				83		Unit 106					
				84	City	Miami		FL	5 Zip	Code .76	
11. Pursuant office or r agent. I a SIGNATURE	to the provisions of Sections 617.03 egistered agent, or both, in the Starn familiar with, and accept the gold start of the start of th					corporation submits the coration's board of directions	is statement for the p ctors. I hereby accep	1/16/	anging it ment as	s registered registered	
12.			(NOTE: Re	gíslered Ager 13.	it signatur	required when reinstating)	CHANGES TO OFFIC	DATE DE AND DE	DECTOS	PC IN 10	
TITLE		ND DIRECTORS	TE	1.1 TITLE		ADDITIONS	SHAINGES TO OFFIC		Change	Addition	
NAME	PD ,	۔۔۔۔ کے		1.2 NAME					O. mango	, , iddi	
STREET ADDRESS	CERNA, RAFAEL 11160 N KENDALL DR. STE	40.0	ł	1.3 STREET	IDDDEEC						
CITY-ST-ZIP	MIAMI FL	100		1,4 CITY-ST						ľ	
TITLE	STD	[] DELE	ΤE	2.1 TITLE	- <u>Eir</u>	V/D		X	Change	Addition	
NAME	ROMERO, MARIA			2.2 NAME RO		Romero, Mar	ia		_		
STREET ADDRESS	11160 N KENDALL DR. STE	100		2.3 STREET	ADDRESS	11160 N. Ker	idall Drive	, Unit 1	L00		
CITY-ST-ZIP	MIAMI FL	100		2. 4 CITY-S		Miami, FL 3	33176				
TITLE	D	DELE	TE	3.1 TITLE		S/T/D		X	Change	☐ Addition	
NAME	LEIGHTON, JOHN			3.2 NAME		Leighton, Jo	hn				
STREET ADDRESS	5300 NW 33RD AVE, STE 11	17		3.3 STREET	ADDRESS	5300 NW 33rd	l Avenue, Sı	ite 117	7		
CITY-ST-ZIP	FT LAUDERDALE FL	•		3.4. CITY - S	-ZiP	FT. Lauderda	ıle, FL				
TALE		DELE	TE	4.1 TITLE					Change	Addition	
NAME				4. 2 NAME							
STREET ADDRESS				4.3 STREET /	ODRESS						
CITY-ST-ZIP				4.4 CITY-ST	- ZIP						
TITLE		DELE	TE	5.1 TITLE		- 			Change	Addition	
NAME			Į	5.2 NAME							
STREET ADDRESS			İ	5.3 STREET /	DDRESS						
CITY-ST-ZIP				5.4 CITY - ST	- ZIP						
TITLE		☐ DELE	TE T	6.1 TITLE					Change	Addition	
NAME				6.2 NAME							
STREET ADDRESS				6.3 STREET A	DDRESS					1	

14. Thereby certify that the Information supplied with this filling 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 truestee 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.