FILE NOW: FILING FEE IS $61.25 .

NONPROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

99 MAR 22 PM 12:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0034609

DOCUMENT # N94000001578

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

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualifed
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

9. Name and Address of Current Registered Agent

CERNA, RAFAEL A MR
11160 N KENDALL DR
UNIT 106
MIAMI FL 33176

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 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	VD	☐ DELETE	2.1 TITLE	STD	☒ Change ☐ Addition
NAME	ROMERO, MARIA		2.2 NAME	RAMERO, MARIA	
STREET ADDRESS	11160 N KENDALL DR, UNIT 100		2.3 STREET ADDRESS	11160 N. KENDALL DR., UNIT # 104	
CITY-ST-ZIP	MIAMI FL 33176		2.4 CITY-ST-ZIP	MIAMI, FL. 33176	
TITLE	STD	☒ DELETE	3.1 TITLE	VD	☐ Change ☒ Addition
NAME	LEIGHTON, JOHN		3.2 NAME	MARIO RODRIGUEZ	
STREET ADDRESS	5300 NW 33RD AVE, STE 117		3.3 STREET ADDRESS	35 VALENCIA AVE.	
CITY-ST-ZIP	FT LAUDERDALE FL		3.4 CITY-ST-ZIP	CORAL GABLES, FL. 33134	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME	000012824508--2	
STREET ADDRESS			4.3 STREET ADDRESS	-03/31/99--01006--017	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	*****61.25 *****61.25	
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		

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, with all other like empowered.

SIGNATURE: Rafael A. Cerna 03/03/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE

CR2E037 (11/98)