


FILE NOW: FILING FEE IS \$61.25

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Mar 10 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N94000003852 (0)
1. Corporation Name
THE PALMS AT KENDALL, INC.



Principal Place of Business 12384 SW 82 AVE. MIAMI FL 33156	Mailing Address C/O FOSTER COMPANY 12384 SW 82 AVE MIAMI FL 33156
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3. Date Incorporated or Qualified
08/09/1994

4. FEI Number
65-0516337

Applied For	Not Applicable
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21. Principal Place of Business 12394 SW 82 AVE	2a. Mailing Address 12394 SW 82 AVE
22. Suite, Apt. #, etc. 5	27. Suite, Apt. #, etc.
23. City & State	28. City & State
24. Zip	29. Zip
25. Country	30. Country

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

9. Name and Address of Current Registered Agent

**SCOTT, FOSTER J. JR
12384 NW 82 AVE
SUITE 201
MIAMI FL 33156**

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	12394 SW 82 AVE (NO SUITE #)
83. City	
84. State	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 of 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: *F. Joseph Scott* **2/23/98**

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SERRANO, RICK	
STREET ADDRESS	12384 S.W. 82 AVE	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE	ST	<input checked="" type="checkbox"/> DELETE
NAME	MORENO, JULIO C JR	
STREET ADDRESS	12384 S.W. 82 AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	BOAN, ANDY	
STREET ADDRESS	12384 S.W. 82 AVE	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GARCIA, JANET	
STREET ADDRESS	12384 S.W. 82 AVE	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	LOPEZ, GENE	
STREET ADDRESS	12384 S.W. 82 AVE	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VP-D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Rick Serrano	
1.3 STREET ADDRESS	8881 SW 113 Pl	
1.4 CITY-ST-ZIP	Miami, FL 33176	
2.1 TITLE	T-D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Delfin Espinal	
2.3 STREET ADDRESS	8982 SW 113 Ave	
2.4 CITY-ST-ZIP	MIAMI, FL 33176	
3.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Andy Boan	
3.3 STREET ADDRESS	8943 SW 113 Place	
3.4 CITY-ST-ZIP	Miami, FL 33176	
4.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Janet Garcia	
4.3 STREET ADDRESS	8963 SW 113 Place	
4.4 CITY-ST-ZIP	Miami, Florida 33176	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Raul Malave	
5.3 STREET ADDRESS	11301 SW 88 Ter.	
5.4 CITY-ST-ZIP	MIAMI, Florida 33176	
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 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: *Andrew Boan* **32-98 (305) 274 8797**

CR2E037 (10/97)