


FILE NOW: FILING FEE IS \$61.25

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Mar 03, 1999 8:00 am
Secretary of State

03-03-1999 90061 005 ****61.25

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| NONPROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
|---|---|--|

DOCUMENT # N94000003852

1. Corporation Name
THE PALMS AT KENDALL, INC.

| | |
|--|--|
| Principal Place of Business 12394 SW 82 AVE MIAMI FL 33156 US | Mailing Address 12394 SW 82 AVE MIAMI FL 33156 US |
|--|--|

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|--------------------------------------|---|--|
| 2. Principal Place of Business 21 | 2a. Mailing Address 26 1/0 The Foster Co. | 3. Date Incorporated or Qualified 08/09/1994 |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 PO Box 565820 | 4. FEI Number 65-0516337 |
| City & State 23 | City & State 28 Miami FL | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |
| Zip 24 | Country 25 | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |
| | Zip 29 33256-5820 | Country 30 USA |

9. Name and Address of Current Registered Agent

SCOTT, FOSTER J. JR
12394 SW 82 AVE
MIAMI FL 33156

10. Name and Address of New Registered Agent

| | |
|---|-------------|
| 81 Name | 85 Zip Code |
| 82 Street Address (P.O. Box Number is Not Acceptable) | |
| 83 | |
| 84 City | FL |

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

| | | |
|----------------|-------------------------|---------------------------------|
| TITLE | VPD | <input type="checkbox"/> DELETE |
| NAME | SERRANO, RICK | |
| STREET ADDRESS | 8881 SW 113 PL | |
| CITY-ST-ZIP | MIAMI FL 33176 | |
| TITLE | TD | <input type="checkbox"/> DELETE |
| NAME | ESPINAL, DELFIN | |
| STREET ADDRESS | 8982 SW 113 AVE | |
| CITY-ST-ZIP | MIAMI FL 33176 | |
| TITLE | PD | <input type="checkbox"/> DELETE |
| NAME | BOAN, ANDY | |
| STREET ADDRESS | 8943 SW 113 PL | |
| CITY-ST-ZIP | MIAMI FL 33176 | |
| TITLE | SD | <input type="checkbox"/> DELETE |
| NAME | GARCIA, JANET | |
| STREET ADDRESS | 8963 SW 113 AVE | |
| CITY-ST-ZIP | MIAMI FL 33176 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | MALAVE, RAUL | |
| STREET ADDRESS | 11301 SW 88 TERR | |
| CITY-ST-ZIP | MIAMI FL 33176 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 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, with all other like empowered.

SIGNATURE: *[Signature]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **AS REQUIRED** 1-11-99 305-254-7228
Signature and typed or printed name of signing officer or director Date Daytime Phone #

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