FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAR 15 AM 11:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000004333 (0)

1. Corporation Name

KENDALL BUSINESS CENTER I CONDOMINIUM ASSOCIATIO N, INC.

Principal Place of Business	Mailing Address
%WOODS MANAGEMENT 2740 W 5TH AVE HIALEAH FL 33010	%WOODS MANAGEMENT 2740 W 5TH AVE HIALEAH FL 33010

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/30/1994
3a. Date of Last Report:
4. FEI Number: 59-2005908 ☐ 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. *Nonprofit with IRS 501(c)(3)* Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ 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

FRIEDMAN, MICHAEL D
1401 BRICKELL AVE
SUITE 530
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name: Harold Schenk
82 Street Address (P.O. Box Number is Not Acceptable): c/o Woods Management
83: 2740 W 5 Ave
84 City: Hialeah FL 85 Zip Code: 33010

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Harold Schenk — Harold Schenk — 1/11/95
Signature, type 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	1.1 TITLE	D	☑ Change ☐ Addition
NAME	FARMER, EUGENE	1.2 NAME	Farmer, Eugene	
STREET ADDRESS	2740 W 5TH AVE	1.3 STREET ADDRESS	13321 S.W. 24 ST.	
CITY-ST-ZIP	HIALEAH FL 33010	1.4 CITY-ST-ZIP	MIAMI, FL 33186	
TITLE	VD	2.1 TITLE	PD	☑ Change ☐ Addition
NAME	HERNANDEZ, ENRIQUE	2.2 NAME	ADAMS, CHARLES	
STREET ADDRESS	2740 W 5TH AVE	2.3 STREET ADDRESS	9940 SW 97 COURT	
CITY-ST-ZIP	HIALEAH FL 33010	2.4 CITY-ST-ZIP	MIAMI, FL 33176	
TITLE	STD	3.1 TITLE	D	☑ Change ☐ Addition
NAME	ZAMBRANO, JORGE	3.2 NAME	ZAMBRANO, YOLANDA	
STREET ADDRESS	2740 W 5TH AVE	3.3 STREET ADDRESS	10420 SW 142 AVE	
CITY-ST-ZIP	HIALEAH FL 33010	3.4 CITY-ST-ZIP	MIAMI, FL 33186	
TITLE		4.1 TITLE	STD	☑ Change ☐ Addition
NAME		4.2 NAME	LIMA, JOSE	
STREET ADDRESS		4.3 STREET ADDRESS	12319 SW 133 COURT	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	MIAMI FL 33186	
TITLE		5.1 TITLE	D VD	☑ Change ☐ Addition
NAME		5.2 NAME	GRAHAM, KRISTEN	
STREET ADDRESS		5.3 STREET ADDRESS	12301 SW 133 COURT	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	MIAMI FL 33186	
TITLE		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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Charles B. Adams — Charles B. Adams — 2-28-95 — 305-271-3945
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0006206