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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N94000004333

1. Corporation Name

**KENDALL BUSINESS CENTER I CONDOMINIUM ASSOCIATIO
N, INC.**

Principal Place of Business

% INT'L REAL ESTATE ENT.
13000 SW 120 ST
MIAMI FL 33186-4522

Mailing Address

% INT'L REAL ESTATE ENT.
13000 SW 120 ST
MIAMI FL 33186-4522



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 08/30/1994 4. FEI Number 59-2005908 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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9. Name and Address of Current Registered Agent

**FROYO, IVANKA M
% INT'L REAL ESTATE ENT.
13000 SW 120 ST
MIAMI FL 33186-4522**

10. Name and Address of New Registered Agent

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

Signature, typed 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	STD	1.1 TITLE	
NAME	LIMA, JOSE	1.2 NAME	
STREET ADDRESS	12319 SW 133 COURT	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	
NAME	GRAHAM, KRISTEN	2.2 NAME	
STREET ADDRESS	12301 SW 133 COURT	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	
NAME	SIMMONS, AMY	3.2 NAME	
STREET ADDRESS	12313 SW 133 COURT	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	Director
NAME		4.2 NAME	Vellanti, Luci
STREET ADDRESS		4.3 STREET ADDRESS	18721 S. Dixie Hwy # 308
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Miami FL 33157
TITLE		5.1 TITLE	Director
NAME		5.2 NAME	Geimain, Frantz
STREET ADDRESS		5.3 STREET ADDRESS	12311 S.W. 133 Court
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Miami FL 33186
TITLE		6.1 TITLE	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)