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Secretary of State

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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # N98000005613

1. Corporation Name

KENDALL VOTERS ALLIANCE, INC.

Principal Place of Business
7705 SW 86 STREET,B217
MIAMI FL 33143

Mailing Address
7705 SW 86 STREET,B217
MIAMI FL 33143



90092 - 90037 - 50

2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified
09/29/1998

21 Suite, Apt. #, etc.

26 P.O. BOX 431219
27 Suite, Apt. #, etc.

4. FEI Number
65-0876549

Applied For
Not Applicable

23 City & State

28 MIAMI FL

5. Certificate of Status Desired \$8.75 Additional Fee Required

24 Zip Country

29 33243-1219 30 DADE

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BLUH, R. KENNETH
7707 SW 86 STREET,B217
MIAMI FL 33143

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

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 DELETE
NAME PD
STREET ADDRESS BLUH, R. KENNETH
CITY-ST-ZIP 7705 SW 86 STREET,B217
MIAMI FL 33143
TITLE DELETE
NAME VPD
STREET ADDRESS WILLIAMS, MARY
CITY-ST-ZIP 110134 SW 78 COURT
MIAMI FL 33156
TITLE DELETE
NAME SD
STREET ADDRESS CUTLER, MARLENE
CITY-ST-ZIP 8298 SW 110 TERRACE
MIAMI FL 33156
TITLE DELETE
NAME TD
STREET ADDRESS BRAVO, MARIO ELENA
CITY-ST-ZIP 7707 SW 86 STREET,B217
MIAMI FL 33143
TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP Change Addition
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP Change Addition
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP Change Addition
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP Change Addition
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP Change Addition
6.1 TITLE
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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/06/99 305-448-329
Daytime Phone # 22