

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Feb 21, 1999 8:00 am
Secretary of State

02-21-1999 90037 050 ****61.25

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



2. Principal Place of Business		2a. Mailing Address	3. Date Incorporated or Qualified
21 Suite, Apt. #, etc.		26 P.O. BOX 431219	09/29/1998
22 City & State		27 Suite, Apt. #, etc.	4. FEI Number
23 Zip Country		28 MIAMI FL	65-0876549
24		29 33243-1219	30 DADE
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
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	PD	1.1 TITLE	
NAME	BLUH, R. KENNETH	1.2 NAME	
STREET ADDRESS	7705 SW 86 STREET,B217	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33143	1.4 CITY-ST-ZIP	
TITLE	VPD	2.1 TITLE	
NAME	WILLIAMS, MARY	2.2 NAME	
STREET ADDRESS	110134 SW 78 COURT	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33156	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	
NAME	CUTLER, MARLENE	3.2 NAME	
STREET ADDRESS	8298 SW 110 TERRACE	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33156	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	
NAME	BRAVO, MARIO ELENA	4.2 NAME	
STREET ADDRESS	7707 SW 86 STREET,B217	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33143	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

01/06/99 305-448-329

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