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Mar 05, 1999 8:00 am  
Secretary of State

03-05-1999 90123 047 \*\*\*158.75

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PROFIT CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # P94000059283

1. Corporation Name  
KENDALL 138, INC.



Principal Place of Business: 2665 S BAYSHORE DR SUITE 1200 MIAMI FL 33133  
Mailing Address: 2665 S BAYSHORE DR SUITE 1200 MIAMI FL 33133

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

08/09/1994

4. FEI Number

65-0532709

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

\$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax.

Yes No

9. Name and Address of Current Registered Agent

BERKOWITZ, JEFFREY L  
2665 S BAYSHORE DR SUITE 1200  
MIAMI FL 33133

10. Name and Address of New Registered Agent

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 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE: DPT  
NAME: BERKOWITZ, JEFFREY L  
STREET ADDRESS: 2665 S BAYSHORE DR SUITE 1200  
CITY-ST-ZIP: MIAMI FL 33133

TITLE: VPS  
NAME: CHIMELIS, PATRICIA A  
STREET ADDRESS: 2665 S. BAYSHORE DRIVE, SUITE 1200  
CITY-ST-ZIP: MIAMI FL 33133

TITLE: [Blank]  
NAME: [Blank]  
STREET ADDRESS: [Blank]  
CITY-ST-ZIP: [Blank]

TITLE: [Blank]  
NAME: [Blank]  
STREET ADDRESS: [Blank]  
CITY-ST-ZIP: [Blank]

TITLE: [Blank]  
NAME: [Blank]  
STREET ADDRESS: [Blank]  
CITY-ST-ZIP: [Blank]

TITLE: [Blank]  
NAME: [Blank]  
STREET ADDRESS: [Blank]  
CITY-ST-ZIP: [Blank]

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE: [Blank]  
1.2 NAME: [Blank]  
1.3 STREET ADDRESS: [Blank]  
1.4 CITY-ST-ZIP: [Blank]

2.1 TITLE: VPS/CFO  
2.2 NAME: David M. Singer  
2.3 STREET ADDRESS: 2665 S. Bayshore DR., Ste # 1200  
2.4 CITY-ST-ZIP: Coconut Grove, FL 33133

3.1 TITLE: [Blank]  
3.2 NAME: [Blank]  
3.3 STREET ADDRESS: [Blank]  
3.4 CITY-ST-ZIP: [Blank]

4.1 TITLE: [Blank]  
4.2 NAME: [Blank]  
4.3 STREET ADDRESS: [Blank]  
4.4 CITY-ST-ZIP: [Blank]

5.1 TITLE: [Blank]  
5.2 NAME: [Blank]  
5.3 STREET ADDRESS: [Blank]  
5.4 CITY-ST-ZIP: [Blank]

6.1 TITLE: [Blank]  
6.2 NAME: [Blank]  
6.3 STREET ADDRESS: [Blank]  
6.4 CITY-ST-ZIP: [Blank]

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attached sheet with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/198)