## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

Principal Place of Business	Mailing Address			
824 S.W. 134TH COURT MAMI FL 33186	9624 S.W. 134TH COURT Miami Fl 33186-2255			

**FILED** Apr 28 1997 8:00am Secretary of State

WEST Principal Pla	MENT # P96000 KENDALL PROPERTIES, INC								
9824 S.W. 134TH COURT MIAMI FL 33186		9824 S.W. 134TH COUR MIAMI FL 33188-2255							
					3. Date incorporated or Qualified 03/26/1996	3a. Date	of Last Re	aport	
	Place of Business	2a. Mailing Address			4. FEI Number	-t	Ap	plied For	
Suite, Apr	t # etc	Suite, Apt. #, etc.			59-1686947		\$8.75 A	t Applicable	
22	27				5. Certificate of Status Desired			Fee Required	
City & State		City & State	<del></del>		6. Election Campaign Financing	\$5.00 I			
<b>23</b> 7ip	Country	[28]   Zip	Coun	try	Trust Fund Contribution  8. This corporation has liability for it	ntangible ta	Added to x under s.		
24	25	29	30		Florida Statutes	Yes 🔲	No		
	9. Name and Address of Currer	nt Registered Agent		11 Name	10. Name and Address of New Re	gistered Ag	ent		
SAMUELSON, MELANIE 9824 S.W. 134TH COURT MIAMI FL 33186				1					
			ľ	Street Add	ress (P.O. Box Number is Not Acceptab	·le)			
			8	3					
			6	4 City	· · · · · · · · · · · · · · · · · · ·	FL	85 Zip (	Code	
11. Pursuan	t to the provisions of Sections 607.050	02 and 607 1508. Florida State	utes, the abo	ove-named cor	poration submits this statement for the p tition's board of directors. I hereby accep		hanging its	s registered	
SIGNATURE	Signature, typied or pointed name of registered age OFFICERS AN	ent and little if applicable (NO	DTE: Registered /	Agent signature requ	ired when reinstating)  ADDITIONS/CHANGES TO OFFIC	DATE ERS AND C	DIRECTOR	S IN 12	
THE	D SAMUELSON, MELANIE	DELETÉ	1.1 TITL	-	4	Ł	Change	Addition	
NAME STREET ADDRESS	ASSA SIMI ASATTI SOMET		1.2 NAM 1.3 STRI	EET ADDRESS					
CITY - ST - ZiP	MIAMI FL 33186			-ST-ZIP					
TITLE		DELETE	2.1 TITL	E		L	Change	Addition	
NAME			2.2 NAM						
STREET ADDRESS CITY - ST - ZIP				EET ADDRESS V-ST-ZIP					
TITLE		DELETE	3.1 T(T)				Change	Addition	
NAME			3.2 NAM	- 1					
STREET ADDRESS	5		1	EET ADDRESS					
CITY-ST-ZiP		DELETE	3.4. Cit	Y-ST-ZIP E			Change	Addition	
NAME			4. 2 NAI	ſ		_			
STREET ADDRESS	5		4.3 STR	EET ADDRESS					
CITY - S1 - ZIP		Filorita		-ST-ZIP			T.Chr	1 1 2 2 2 2 2 2	
TITLE		☐ DELETE	5.1 TITL			L	_) Change	Addition	
NAME STREET ADDRESS			5.2 NAA 5.3 STR	EET ADDRESS					
CDY-ST-ZIP				-S1-ZIP					
TITLE		DELETE	6.1 TITL				Change	Addition	
NAME			62 NAM	i i					
STREET ADDRESS				EET ADDRESS					
CHY-ST-ZIF			6.4 CIT	- ST - ZIP					

14. I do 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 truetee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 12 in changed, or on an attachment with an address.