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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90232 026 ***150.00

DOCUMENT # P97000079098

1. Corporation Name

Principal Place of Business

KENDALL PROFESSIONAL BUILDING, INC.

9150 SW 87TH AVENUE MIAMI FL 33176		MIAMI FL 33176								
						DO NOT WRITE IN THIS SPACE				
						3. Date Incorporate	d or Qualifed			
						09/11/1997				
2. Principal Pl	ace of Business	2a. Mailing	Address			4. FEI Number			Apr	olied For
21		26				65-0783725			Not	Applicable
Suite, Apt.	#, etc.		Apt. #, etc.				tus Desired	- \$8	3.75 A	dditional
22		27	27			5. Certifcate of Sta	ius Desired L	<i>-</i>	Fee Rec	quired
City & State	9	City &	State			6. Election Campai	gn Financing _	\$	5.00	May Be
23		28				Trust Fund Conf			Added to	
Zip	Country	Zip		Country		8. This corporation	owes the current	year Intangib	le	
24	25	29	30			Personal Proper		ŪΥ		□No]
g. Name and Address of Current Registered Agent				1		10. Name and Add	ress of New Reg	istered Agen	ıt	
·				81	Name	Λ C		·		
GREI	ENFIELD, ALAN E ESQ					STEWART A. GE				
	DOUGLAS ROAD		82 Street A			Address (P.O. Box Number is Not Acceptable) 9150 SW 87 AVENUE				
SUIT	E 911			83	-		ENUE			
	AL GABLES FL 33134					SUITE 205				
				84	City			F1 85	<i>₹</i> 99	ode
						MIAMI	tomont for the pin			/O
11. Pursuant	to the provisions of Sections 607 egistered agent, or both, in the S	.0502 and 607.1508 tate of Florida, Sucl	3, Florida Statutes, n change was auth	the abov orized by	e-named corpor	orporation submits this sta ation's board of directors.	I hereby accept th	ne appointmer	at as reç	jistered
agent. I a	m familiar with, and accept the o	bligations of, Section	7.0505, Florida	a Statutes	š. '			ا. اھ		
SIGNATURE	1130	e. June						214	99	
	Signature, typed or minted name of registere			_	nt signature req	uired when reinstating)		DATE		DO 101 40
12.		S AND DIRECTORS		13.		ADDITIONS/CHA	NGES TO OFFIC		Change	RS IN 12 ☐ Addition
TITLE	PD		☐ DELETE	1.1 TITLE				۵,	Aldingo	
NAME	GREENSTEIN, STEWART A			12 NAME						
STREET ADDRESS	9150 SW 87TH AVENUE, S	SUITE 205		1.3 STREE	TADDRESS					
CITY-ST-ZIP	MIAMI FL 33176			1.4 CITY-S	T-ZIP					TTD A delition
TITLE	VD		☐ DELÉTE	2.1 TITLE	}			L) (Change	Addition
NAME	Kurzner, Audrey			2.2 NAME	ĺ					
STREET ADDRESS	9150 SW 87TH AVENUE, S	SUITE 205		2.3 STREE	T ADDRESS				_	
CITY-ST-ZIP	MIAMI FL 33176			2.4 CITY-	ST-ZIP					
TITLE	STD		DELETE	3.1 TITLE					Change	Addition
NAME	SKORIC, PAUL			3.2 NAME						
STREET ADDRESS	9150 SW 87TH AVENUE, S	UITE 205		3.3 STREE	TADDRESS					
CITY-ST-ZIP	MIAMI FL 33176			3.4. CITY-	ST-ZIP					
TITLE	JANA WALL TO STATE OF THE STATE		DELETE	4.1 TITLE					Change	☐ Addition
NAME				4, 2 NAME						
STREET ADDRESS				4.3 STREE	TADDRESS					
CITY-ST-ZIP				4.4 CITY-S						
TITLE			DELETE	5.1 TITLE					Change	Addition
NAME			_	5.2 NAME						
				5.3 STREE	TADDRESS					
STREET ADDRESS				5.4 CITY-5						
CITY-ST-ZIP			□ DELETE	6.1 TITLE					Change	Addition
TITLE			_ 5222,12	6.2 NAME				_	•	
NAME				1	TADORESS					
CONCET ADDRESS				- 0.0011166						,

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 attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: