

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

V06918

1. Corporation Name

LEF/Kendall Mall, Inc.

Principal Place of Business

848 Brickell Ave.
Suite 1120
Miami, FL 33131-2943

Mailing Address

One Greenway Plaza
Suite 850
Houston, TX 77046-0102

3. Date Incorporated or Qualified
01/15/1992

3a. Date of Last Report
03/17/1995

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 One Greenway Plaza

27 Suite, Apt. #, etc.
Suite 850

28 City & State
Houston, TX 77046-0102

29 Zip

77046-0102

30 Country

US

4. FEI Number

65-0305254

Applied For
Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

Friedman, David A.
848 Brickell Avenue
Suite 1120
Miami, FL 33131-2943

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 607.0532 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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE
NAME
D/P
Friedman, Leonard E.

STREET ADDRESS

CITY-ST-ZIP

TITLE
NAME
V
Friedman, David A.

STREET ADDRESS

CITY-ST-ZIP

848 Brickell Avenue, Suite 1120
Miami, FL 33131-2943

TITLE
NAME
S
Gray, Sandra L.

STREET ADDRESS

CITY-ST-ZIP

TITLE
NAME
T
Swinke, David J.L.

STREET ADDRESS

CITY-ST-ZIP

TITLE
NAME
☐ DELETE

STREET ADDRESS

CITY-ST-ZIP

TITLE
NAME
☐ DELETE

STREET ADDRESS

CITY-ST-ZIP

TITLE
NAME
☐ DELETE

STREET ADDRESS

CITY-ST-ZIP

TITLE
NAME
☐ DELETE

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

Friedman
One Greenway Plaza, Suite 850
Houston, TX 77046-0102

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

One Greenway Plaza, Suite 850
Houston, TX 77046-0102

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

One Greenway Plaza, Suite 850
Houston, TX 77046-0102

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

800001806218
-05/03/96--01019--001
***208.75

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

Sandra B. Mortham
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/96

713-850-1850

Date

Daytime Phone

CR2E034 (12/95)