FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 27 AM 8:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 706771 (3)

1. Corporation Name
320 CHILEAN CONDOMINIUM INC

Principal Place of Business	Mailing Address
C/O MAJOR-DOMO & COMPANY P. O. BOX 15645 W. PALM BEACH FL 33416-2645	C/O MAJOR-DOMO & COMPANY P. O. BOX 15645 W. PALM BEACH FL 33416-2645

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/30/1964
3a. Date of Last Report: 05/20/1994
4. FEI Number: 59-1060405 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MAJOR-DOMO & CO. 1401 ALLENDALE RD P.O. BOX 15645 (33416) WEST PALM BEACH FL 33416	31 Name 32 Street Address (P.O. Box Number is Not Acceptable) 33 34 City FL 35 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD	11 TITLE	D VS ☑ Change ☐ Addition
NAME	ANDERSON, M R	12 NAME	
STREET ADDRESS	320 CHILEAN AVE,APT 4	13 STREET ADDRESS	
CITY-ST-ZIP	PALM BCH, FL 00000	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☑ Change ☐ Addition
NAME	WINSOR, CURTIN, JR	22 NAME	DELETE
STREET ADDRESS	320 CHILEAN AVE, APT 1	23 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH FL	24 CITY-ST-ZIP	
TITLE	PD	31 TITLE	DELETE ☑ Change ☐ Addition
NAME	DAVIDSON, H	32 NAME	
STREET ADDRESS	320 CHILEAN AVE APT #3	33 STREET ADDRESS	
CITY-ST-ZIP	PALM BCH, FL 00000	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☑ Change ☐ Addition
NAME	COLLINS, A	42 NAME	DELETE
STREET ADDRESS	320 CHILEAN AVE,APT 2	43 STREET ADDRESS	
CITY-ST-ZIP	PALM BCH, FL 00000	44 CITY-ST-ZIP	
TITLE	DT	51 TITLE	PD ☑ Change ☐ Addition
NAME	CALEEN, R L	52 NAME	
STREET ADDRESS	320 CHILEAN AVE,APT 8	53 STREET ADDRESS	
CITY-ST-ZIP	PALM BCH, FL 00000	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	DT ☑ Change ☐ Addition
NAME	RIDGE, VIRGINIA P	62 NAME	
STREET ADDRESS	320 CHILEAN AVE,APT 7	63 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH FL	64 CITY-ST-ZIP	

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)(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.

SIGNATURE: R L Caleen 4/19/95 407-626-9664
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

R L CALEEN - PRESIDENT

0048660