

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
May 03, 1999 8:00 am
Secretary of State

05-03-1999 90039 031 ****61.25

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DOCUMENT # 706869

1. Corporation Name

MICHIGAN MANOR CONDOMINIUM INC

Principal Place of Business

**1590 MICHIGAN AVENUE #2
APT NUM 2
MIAMI BEACH FL 33139
US**

Mailing Address

**1590 MICHIGAN AVENUE #2
APT NUM 2
MIAMI BEACH FL 33139
US**



2. Principal Place of Business

21
Suite, Apt. #, etc.

City & State

23
Zip Country

24

2a. Mailing Address

26
Suite, Apt. #, etc.

City & State

28
Zip Country

29

3. Date Incorporated or Qualified

02/21/1964

4. FEI Number

65-0011492

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

9. Name and Address of Current Registered Agent

**LUZ, CARDONA
1590 MICHIGAN AVE. #5
MIAMI FL 33139**

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 617.0502 and 617.1508, 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 617.0503, 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 ☐ DELETE

**TITLE PD
NAME COLLAZOS, NEY
STREET ADDRESS 507 NE 38 ST
CITY-ST-ZIP MIAMI FL**

☐ DELETE

**TITLE TD
NAME FRACA, ADELA
STREET ADDRESS 1590 MICHIGAN AVE, #2
CITY-ST-ZIP MIAMI FL 33139**

☐ DELETE

**TITLE SD
NAME Riestra, Georgina
STREET ADDRESS 1590 MICHIGAN AVE, #7
CITY-ST-ZIP MIAMI FL**

☐ DELETE

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

☐ DELETE

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

☐ DELETE

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

☐ DELETE

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**

☐ Change ☐ Addition

**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**

☐ Change ☐ Addition

**4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP**

☐ Change ☐ Addition

**5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP**

☐ Change ☐ Addition

**6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP**

☐ Change ☐ Addition

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 617, 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.

SIGNATURE: **NEY COLLAZOS** PRESIDENT

1/26/99

305-573-6062

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)