

706869

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

NP. # 6869

MICHIGAN MANOR CONDOMINIUM,
INC.

NEW

FILED IN OFFICE OF SECRETARY
OF STATE, STATE OF FLORIDA.

by J.P., on SEP. 21, 1964.

TOM ADAMS

SECRETARY OF STATE



TOM ADAMS

SECRETARY OF STATE

February 21, 1964

Office of the

Secretary of State

State of Florida

Tallahassee

In reply refer to:
corp-nonprofit-lp

NP # 6869

Norman K. Schwarz, Esquire
Suite 365 Mercantile Bank Building
420 Lincoln Road
Miami Beach, Florida 33139

Dear Mr. Schwarz:

MICHIGAN MANOR CONDOMINIUM, INC.,

a corporation not for profit, has filed documents as indicated on February 21, 1964.

- Check in the amount of \$11.
- New Articles of Incorporation
- Articles of Incorporation from a Circuit Court with affidavit.
- Articles of Reincorporation.
- Amending Articles of Incorporation of record in this office.
- Amending Articles of Incorporation from a Circuit Court.
- Articles of Merger or Consolidation.
- Certificate of Dissolution.
- Petition for change of status to or from a corporation not for profit, and new Articles of Incorporation.
- Resident Agent Certificate.
- Resident Agent form enclosed (to be completed and returned for filing) with \$1 filing fee.
- Corporation report due July 1 of each year.
- Enclosures or details of filing:

Certified copy.

It is the pleasure of this office to promptly acknowledge the filing of your charter.

Sincerely,

TOM ADAMS
Secretary of State

By (Mrs.) Althea Norman
Corporations Division
Nonprofit Section

TA/LP

COPD-5
1-10-63

NORMAN K. SCHWARZ
ATTORNEY AT LAW

SUITE 308 MERCANTILE BANK BUILDING
420 LINCOLN ROAD
MIAMI BEACH, FLORIDA, 33139

JEFFERSON 8-6277

February 18, 1964

Corporate Division
Secretary of State
Tallahassee, Florida

RE 21-0702 30000***11.00

Dear Sir:

Enclosed herein you will find an original and copy of a non-profit corporation known as Michigan Manor Condominium Inc.

I have also enclosed herewith a check in the sum of \$1.00 covering the cost of filing fee together with \$3.00 for a certified copy.

Very truly yours,

Clive
NORMAN K. SCHWARZ

NKB:pbm

Encs.

REC'D
FEB 20 1964
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

CK

ARTICLES OF INCORPORATION

OF
MICHIGAN MANOR CONDOMINIUM, INC.

1974 JULY 21 AM 9:07
RECEIVED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

WE, the undersigned, acknowledge and file in the office of the Secretary of State of the State of Florida, for the purpose of forming a non-profit corporation in accordance with the laws of the State of Florida, these Articles of Incorporation, as by law provided.

ARTICLE I

The name of this corporation shall be Michigan Manor Condominium, Inc. and the principal office shall be in Dade County, Florida.

ARTICLE II

The purposes for which this corporation is formed are as follows:

A. To form an "association" as defined in the "Condominium Act", Florida Statute, Chapter 711 of the State of Florida, and in conjunction therewith, to hold legal title to the property described as:

The East $\frac{1}{4}$ of Lots 9 and 10, Block 64, of LINCOLN SUBDIVISION, according to the Plat thereof, recorded in Plat Book 9, Page 69, of the Public Records of Dade County, Florida,

and as such to establish and collect assessments from the unit owners and members for the purpose of operating, maintaining, repairing, improving and administering the condominium property, and to perform the acts and duties desirable for condominium home management for the units and common elements.

B. To establish a "Declaration of Restrictions, Reservations, Conditions, Covenants and Easements of Michigan Manor Condominium, Inc.", and to carry out the duties and obligations and receive the benefits given the association by that Declaration or by separate conveyance.

C. To establish by-laws for the operation of the condominium property providing for the form of administration and rules and regulations for governing the association.

To accomplish the foregoing purposes, the corporation shall have all corporate powers permitted under Florida law, including the capacity to contract, bring suit and be sued, and those provided by the "Condominium Act." No part of the income of this corporation shall be distributed to the members, directors and officers of the corporation.

ARTICLE III

Section 1. All unit owners of a condominium parcel shall automatically be members, and their membership shall automatically terminate when they are no longer owners of a unit.'

Section 2. There shall be not more than twelve (12) voting members at any one time; voting rights will be allocated to the members in accordance with the percentage which the purchase price of their unit bears to the total purchase price of all units in the condominium property, and such voting rights shall be set forth on the Membership Certificate. A corporation or any individual with an interest in more than one Unit may be designated the Voting Member for each unit in which he owns an interest.

ARTICLE IV

This corporation shall have perpetual existence.

ARTICLE V

The names and residences of the subscribers are as follows:

| <u>NAME</u> | <u>RESIDENCE</u> |
|------------------------------|--|
| ROBERTO SUSI | 1000 16th Street Miami Beach, Florida |
| ALFREDO SUSSI | 1000 16th Street Miami Beach, Florida |
| JOSE SUSI <i>Joe Susi</i> | 1000 16th Street Miami Beach, Florida |

ARTICLE VI

Section 1. The affairs and property of this corporation shall be managed and governed by a Board of Directors composed of not less than three (3) nor more than seven (7) persons.

Section 2. Directors shall be elected by the voting members in accordance with the By-laws at the regular annual meeting of the membership of the corporation to be held at 10:00 A.M. on the first Monday in May of each year. Directors shall be elected to serve for a term of one (1) year. In the event of a vacancy the elected directors may appoint an additional director to serve the balance of said year.

Section 3. All officers shall be elected by the Board of Directors in accordance with the By-laws at the regular annual meeting of the Board of Directors on the first Monday in June of each year, to be held immediately following the annual meeting of the Membership. The Board of Directors shall elect from among the members a President, Vice-President, Secretary, Treasurer and such other officers as it shall deem desirable, consistent with the corporate By-laws.

ARTICLE VII

The names of the officers who shall serve until the first election are as follows:

| <u>NAME</u> | <u>TITLE</u> |
|-------------------------------|---------------------|
| ROBERTO SUSI | President |
| ALFREDO SUSSI | Vice-President |
| JOSE SUSI <i>Jose Susi</i> | Secretary-Treasurer |

ARTICLE VIII

The following four (4) persons shall constitute the first Board of Directors, and shall serve until the first election of the Board of Directors at the first regular annual meeting of the members:

| <u>NAME</u> | <u>RESIDENCE</u> |
|-------------------|--|
| ROBERTO SUSI | 1000 16th Street Miami Beach, Florida |
| ALFREDO SUSSI | 1000 16th Street Miami Beach, Florida |
| JOSE SUSI | 1000 16th Street Miami Beach, Florida |
| NORMAN K. SCHWARZ | 420 Lincoln Road Miami Beach, Florida |

ARTICLE IX

The By-laws of this corporation may be altered, amended or rescinded at any duly called meeting of the members provided that the notice of meeting contains a full statement of the proposed amendment, a quorum is in attendance, and there be an affirmative vote of 3/4ths of the qualified voting members of the corporation.

ARTICLE X

Section 1. Proposals for the alteration, amendment or rescission of these Articles of Incorporation may be made by any four (4) of the voting members. Such proposals shall set forth the proposed alteration, amendment or rescission, shall be in writing filed by the four (4) members, and delivered to the President not less than twenty (20) days prior to the membership meeting at which such proposal is voted upon. The Secretary shall give to each voting member notice setting out the proposed alteration, amendment or rescission and the time of the meeting at which such proposal will be voted upon, and such notice shall be given not

convene fifteen (15) days prior to the date set for such meeting,
and it shall be given in the manner provided in the By-laws. An
affirmative vote of seventy-five (75%) per cent of the qualified
voting members of the corporation is required for the requested
alteration, amendment or rescission.

Section 2. Any voting member may waive any or all of
the requirements of this Article as to notice by the Secretary
or proposals to the President for alteration, amendment or rescission
of these Articles either before, at or after a membership meeting
at which a vote is taken to amend, alter or rescind these Articles
in whole or in part.

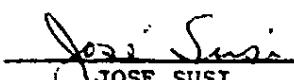
IN WITNESS WHEREOF, we hereunto set our hands and seals
at Miami Beach, Dade County, Florida, this 18 day of Feb.
1964.

Signed, sealed and delivered
in the presence of:

W. J. Caw
Roberto B. Miller


ROBERTO SUSI
(SEAL)

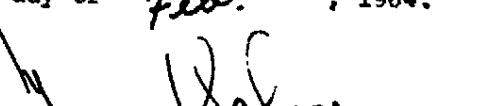

ALFREDO SUSI
(SEAL)


JOSE SUSI
(SEAL)

STATE OF FLORIDA :
ss:
COUNTY OF DADE :

ON THIS DAY personally appeared before me, the undersigned
officer, duly authorized to take acknowledgements, ROBERTO SUSI,
ALFREDO SUSI and JOSE SUSI, to me well known and known to me to
be the subscribers described in and who executed the foregoing
Articles of Incorporation, and acknowledged before me that they
executed the same freely and voluntarily for the uses and purposes
therein expressed.

WITNESS my hand and official seal at Miami Beach, Dade
County, Florida, this 18 day of Feb., 1964.


NOTARY PUBLIC
State of Florida at Large

My Commission expires Jan. 22, 1964
Banded by State of Florida, Dade Co.

CORPORATION NOT FOR PROFIT

NP

No. 6869-A

Resident Agent Certificate

NAME

*Michigan Man
Condominium, Inc.*

FILED IN THE OFFICE OF
SECRETARY OF STATE
OF FLORIDA

TOM ADAMS
SECRETARY OF STATE

BY

AP 3/2/04

\$1 FILING FEE NOT PAID--CHARTER FILED FEBRUARY 21, 1964

STATE OF FLORIDA

OFFICE

SECRETARY OF STATE

BB-2-64-7 91300 ***+1.00

CORPORATION NOT FOR PROFIT

Certificate Designating Place of Business or Domicile for the Service of Process Within This State, Naming Agent Upon Whom Process May Be Served

In pursuance of Section 617.023, Florida Statutes, the following is submitted, in compliance with said Act:

First That MICHIGAN MANOR CONDOMINIUM, INC.

a corporation not for profit duly organized and existing under the laws of the State of Florida

with its principal place of business at City of Miami Beach

County of Dade County, State of Florida

has designated and established Suite 365, 420 Lincoln Road
(Street or building)

City of Miami Beach, County of Dade

State of Florida, as its place of business or domicile for the service of process within this State, and named as its agents NORMAN K. SCHWARTZ

to accept service of process

Complete the following when there is a change of one or more officers or directors.

OFFICERS: AFFIX TITLES:
NAME

SPECIFIC ADDRESS

ROBERTO SUSI, President

1590 Michigan Avenue, Miami Beach, Fla.

ALVARDO SUSI, Vice-President

1590 Michigan Avenue, Miami Beach, Fla.

JOSE SUSI, Secretary-Treasurer

1590 Michigan Avenue, Miami Beach, Fla.

DIRECTORS: (THREE (3) required by law)
NAME

SPECIFIC ADDRESS

ROBERTO SUSI

1590 Michigan Avenue, Miami Beach, Fla.

ALVARDO SUSI

1590 Michigan Avenue, Miami Beach, Fla.

JOSE SUSI

1590 Michigan Avenue, Miami Beach, Fla.

NORMAN K. SCHWARTZ

420 Lincoln Road, Miami Beach, Fla.

By

Roberito Susi

ACKNOWLEDGMENT: (MUST BE SIGNED BY DESIGNATED AGENT)

Having been named to accept service of process for the above stated corporation at place designated in this certificate, I hereby accept to act in this capacity.

By

Roberito Susi

Section 617.023, Florida Statutes, Office and resident agent. Every corporation organized hereunder shall maintain an office in this state with a resident agent therat upon whom process may be served. The resident agent may be either an individual or a corporation. The corporation shall keep the secretary of state informed of the current city, town or village and street address of said office together with the name of the resident agent.

Filing Fee: \$1.00

NP# 6869-B

MICHIGAN MANOR
CONDOMINIUM, INC.

AMENDING ARTICLE ONE

FILED IN OFFICE OF SECRETARY

OF STATE, STATE OF FLORIDA

by CIS on 10/17/1964

TOM ADAMS

SECRETARY OF STATE



Office of the

Secretary of State

State of Florida

Tallahassee

TOM ADAMS
SECRETARY OF STATE

June 1, 1964

In reply refer to:
corp-nonprofit-cb

Norman K. Schwarz, Esquire
Suite 365 Mercantile Bank Building
420 Lincoln Road
Miami Beach, Florida 33139

Dear Mr. Schwarz:

MICHIGAN MANOR CONDOMINIUM, INC.,
a corporation not for profit, has filed documents as indicated on
June 1, 1964.

- Check in the amount of \$13.
- New Articles of Incorporation
- Articles of Incorporation from a Circuit Court with affidavit.
- Articles of Reincorporation.
- Amending Articles of Incorporation of record in this office.
- Amending Articles of Incorporation from a Circuit Court.
- Articles of Merger or Consolidation.
- Certificate of Dissolution.
- Petition for change of status to or from a corporation not for profit, and new Articles of Incorporation.
- Resident Agent Certificate.
- Resident Agent form enclosed (to be completed and returned for filing)
- Corporation report due July 1 of each year.
- Enclosures or details of filing:

Certified copy.

It is the pleasure of this office to promptly acknowledge
the filing of your amendment.

Sincerely,

TOM ADAMS
Secretary of State

By (Mrs.) Althea Norman
Corporations Division
Nonprofit Supervisor

TA/cb

ccorded
I-16-63

NORMAN K. SCHWARZ
ATTORNEY AT LAW

SUITE 369 MERCANTILE BANK BUILDING
420 LINCOLN ROAD
MIAMI BEACH, FLORIDA 33139

JEFFERSON 9-5277

May 27, 1964

Secretary of State
Tallahassee, Florida

SK -1-6. 72 15705 24447.00

Re: Michigan Manor Condominium, Inc. 72 15655 44447.00

Gentlemen:

Enclosed herein you will find an Amendment of Articles of Incorporation of Michigan Manor Condominium, Inc., a non-profit organization.

I have further enclosed herewith a check in the sum of \$13.00 representing \$10.00 cost of filing the Amendment, together with \$3.00 for certification thereof.

Thanking you in advance.

Very truly yours,

NORMAN K. SCHWARZ

NKS:pbm

Encs.

| | |
|--------------|-------|
| C. TAX | 10.00 |
| FILING | 10.00 |
| B. AGENT FEE | 3.00 |
| C. COPY | 3.00 |
| TOTAL | 13.00 |
| N. BANK | 13.00 |
| SALANCE DUE | |
| REFUND | |

JUN 1 1964
RECEIVED
SACHESTER
MICHIGAN STATE
FLORIDA
50 PH '64

CERTIFICATE OF AMENDMENT TO CERTIFICATE OF INCORPORATION

OF

MICHIGAN MANOR CONDOMINIUM, INC.,

a corporation not for profit, organized and existing under the Laws of the State of Florida, amending ARTICLE III, filed with and approved by the Secretary of State under the authority of Chapter 617, Florida Statutes 1963, on the 1st day of June, A. D., 1964, as shown by the records of this office.

1st

June,

AMENDMENT OF ARTICLES OF INCORPORATION OF
MICHIGAN MANOR CONDOMINIUM, INC.

In accordance with the applicable rules and regulations, and upon a resolution duly made and adopted, the following amendment is hereby made to the original Articles of Incorporation, heretofore filed with the Secretary of State, Tallahassee, Florida, on February 2, 1964:

By substituting in Article III, Section 2, <sup>SECRETARY FOR THE
TALLAHASSEE</sup> ~~existing~~ ¹² Section, the following in its stead:

"There shall not be more than twelve (12) voting members at any time; The owner of a Certificate of Beneficial Interest in the corporation ~~shall be~~ ^{shall} entitled to cast one (1) vote at all meetings ^{of} of the members of the Association; Annual and special assessments, when authorized, shall be made on a two (2) to three (3) ratio as between efficiency unit owners and bedroom unit owners in the condominium. By this it is meant that a bedroom unit owner shall always pay fifty (50%) percent more than an efficiency unit owner on an annual or special assessment. This ratio of assessments shall remain constant regardless of the percentage of ownership in the condominium property."

The foregoing Amendment was duly adopted this 26th day of May, 1964.

RAJS, INC.

ATTEST:

By 
President

By 
Secretary

STATE OF FLORIDA:
ss.
COUNTY OF DADE :

BEFORE ME, the undersigned authority, personally appeared ROBERTO SUSI and JOSE SUSI, President and Secretary, respectively, of MICHIGAN MANOR CONDOMINIUM, INC., who, after being duly sworn, deposed and say that the foregoing Amendment is a true and correct copy of the resolution to amend the Articles of Incorporation, adopted by the corporation at a duly constituted meeting.

SWORN to and SUBSCRIBED before me this 27 day of May, 1964.

Notary Public, State of Florida at Large
My Commission Expires Jan 30 1964
Notary Public, State of Florida at Large

NP# 6869 C

1964

(Year)

REPORT OF
DOMESTIC CORPORATION NOT FOR PROFIT

Michigan Manor Condominium, Inc.

Name

Filed: Aug 11, 1964

(Date)

TOM ADAMS, Secretary of State

By

JES

POSTMASTER
Check Boxes for Non-Delivery
 Moved, left no address
 Out of business
 No such address
 Unknown
 Closed by owner
 Refused

RETURN REQUESTED

Corporation Report for Foreign and Domestic Corporations

(Not For Profit and Exempt (Section 908.32(2), Florida Statutes)

State of Florida
TOM ADAMS
SECRETARY OF STATE
Tallahassee, Florida

BULK RATE
U. S. POSTAGE
PAID
Tallahassee, Fla.
Permit No. 88

This return is due
on July 1
1964

DUE 30 DAYS
AFTER RECEIVED

MICHIGAN MANOR CONDOMINIUM INC
c/o MR ROBERTO SUSI
1000 16 STREET
MIAMI BEACH FLA

23-09-NP-06869

Refer to This Number
in All Correspondence

1. Michigan Manor Condominium, Inc.
(Give exact name of corporation)

(General nature of business or activity)
2. condominium

3. 1590 Michigan Avenue
(Street or Post Office Box of principal place of business)

Miami Beach
(City)

Dade
(County)

Florida
(State)

4. a. ALBERT FRANK
(Officers-Name)

President 1590 Michigan Ave., Miami Beach, Fla.
(Title) (Address)

b. JACK MARTIN

Secretary 1590 Michigan Ave., Miami Beach, Fla.

c. DAVID RODDEN

Treasurer 1590 Michigan Ave., Miami Beach, Fla.

d.

e.

f.

g.

5. a. SAME AS ABOVE

SAME AS ABOVE

(Directors - Name) (Law requires at least (3) three)

(Address)

b.

c.

d.

e.

f.

g.

6. NORMAN K. SCHMIDT

420 Lincoln Road, Miami Beach, Florida

(Resident Agent Name)

(Address)

I hereby acknowledge acceptance of the appointment
as resident agent upon whom service of process may be made.

[Signature]

7. Last meeting of Directors 7/16/64

(Month - Day - Year)

8. Corporation Active? YES

(Yes or No)

If inactive

inactivity began

(Month - Day - Year)

If inactive, will corporation

begin business in the future?

(Yes or No)

11. Date Incorporated JUNE 1964

(Month - Day, Year)

foreign corporation,

12. Date qualified in Fla.

(Month - Day - Year)

13. If foreign corporation, give the number
of States in which you do business.

14. We, the undersigned, certify the above statement of

facts to be true and correct as shown by our books.

[Signature]
By President or V-President

Attest: *[Signature]*
Secretary

STATE OF FLORIDA
COUNTY OF DADE

Personally appeared before me ALBERT FRANK and JACK MARTIN
who deposes and says that he executed this certificate for and in behalf of said corporation and
that the statement herein contained is true and correct to the best of his knowledge and belief.

Swear to and subscribed before me this 7 day of AUGUST 1964.

NOTARY PUBLIC, State of Florida
(My Commission Expires Dec. 30, 1964)

Sealed by State Bonds & Insurance Co.

Signature of Notary taking acknowledgement

Send Original to TOM ADAMS, SECRETARY OF STATE, TALLAHASSEE, FLORIDA.

ORIGINAL

CORPORATION NOT FOR PROFIT

No. NP-6869-D

Resident Agent Certificate

NAME

Michigan
Manor
Condominium
Inc.

FILED IN THE OFFICE OF
SECRETARY OF STATE
OF FLORIDA

3-22-65

~~14~~

TOM ADAMS
SECRETARY OF STATE

BY

JES

STATE OF FLORIDA

OFFICE

SECRETARY OF STATE

CORPORATION NOT FOR PROFIT

Certificate Designating Place of Business or Domicile for the Service of Process Within This State, Naming Agent Upon Whom Process May Be Served

In pursuance of Section 617.023, Florida Statutes, the following is submitted in compliance with said Act.

First That MICHIGAN MANOR CONDOMINIUM, INC.

a corporation not for profit duly organized and existing under the laws of the State of Florida

with its principal place of business at City of Miami Beach

County of Dade, State of Florida

has designated and established 1590 Michigan Avenue

(Street or building)

City of Miami Beach, County of Dade

State of Florida, as its place of business or domicile for the service of process within this State, and named as its agents ALBERT FRANK

to accept service of process.

Complete the following when there is a change of one or more officers or directors.

| OFFICERS: | AFFIX TITLES: | SPECIFIC ADDRESS |
|---------------------|------------------|--|
| <u>ALBERT FRANK</u> | <u>President</u> | <u>1590 Michigan Avenue, Miami Beach, Fla.</u> |
| <u>JACK MARTIN</u> | <u>Secretary</u> | <u>1590 Michigan Avenue, Miami Beach, Fla.</u> |
| <u>DAVID RODEN</u> | <u>Treasurer</u> | <u>1590 Michigan Avenue, Miami Beach, Fla.</u> |

DIRECTORS: (THREE (3) required by law)
NAME

SPECIFIC ADDRESS

| | |
|---------------------|--|
| <u>ALBERT FRANK</u> | <u>1590 Michigan Avenue, Miami Beach, Fla.</u> |
| <u>JACK MARTIN</u> | <u>1590 Michigan Avenue, Miami Beach, Fla.</u> |
| <u>DAVID RODEN</u> | <u>1590 Michigan Avenue, Miami Beach, Fla.</u> |

By I

Albert J. Frank
President

ACKNOWLEDGMENT: (MUST BE SIGNED BY DESIGNATED AGENT)

Having been caused to accept service of process for the above stated corporation, at place designated in this certificate, I hereby accept to act in this capacity.

By *David R. Roden*
Resident Agent

Section 617.023, Florida Statutes, Office and resident agent. Every corporation organized hereunder shall maintain an office at this state with a resident agent thereto upon whom process may be served. The resident agent may be either an individual or a corporation. The corporation shall keep the secretary of state informed of the current city, town or village and street address of such office together with the name of the resident agent.

Filing Fee: \$1.00

POSTMASTER
Check Boxes as You Deliver
 Mail left as address
 Out of business
 No such address
 Unknown
 Change of name
 Return

Corporation Report for Foreign and Domestic Corporations

(Not For Profit and Exempt (Section 505.12(2), Florida Statutes)

BULK RATE
U. S. POSTAGE
PAID

Tallahassee, Fla.
Permit No. 88

RETURN REQUESTED

MICHIGAN MANOR CONDOMINIUM, INC.
MS. ROEDEN
1000 16 STREET
MIAMI BEACH FLA.

Bx 751

State of Florida
TOM ADAMS

SECRETARY OF STATE
Tallahassee, Florida

Refer to This Number
in All Correspondence

23-09-NP-706869

INSERT ZIP CODE IF NOT SHOWN

1. **MICHIGAN MANOR CONDOMINIUM, INC.**

(Give exact name of corporation)

3. **1590 Michigan Avenue, Miami Beach, Dade, Florida**

(Street or Post Office Box of principal place of business)

(City)

(County)

(State)

4. a. **ALBERT FRANK, President** 1590 Michigan Avenue, Miami Beach, Fla.

(Officers Name)

(Title)

(Address)

b. **JACK MARTIN, SECRETARY** 1590 Michigan Avenue, Miami Beach, Fla.

c. **DAVE RODDEN, TREASURER** 1590 Michigan Avenue, Miami Beach, Fla.

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Corporation Report for Foreign and Domestic Corporations

(Not For Profit and Exempt (Section 608.32(3), Florida Statutes)

State of Florida

TOM ADAMS

SECRETARY OF STATE

Refer to This Number
Tallahassee, Florida

In All Correspondence

FILED

1968 JUL 10 PM 2:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

33-098NPA-706869

MICHIGAN MANOR CONDOMINIUM INC.
MR ROBERTO SUSI
1590 MIAMI BEACH AVENUE
MIAMI BEACH FLA

(General nature of business or activity)

2.

(Give exact name of corporation)

3. (Street or Post Office Box of principal place of business) (City) (County) (State)

4. (Officers Name) (Title) (Address)
a.
b.
c.
d.
e.
f.
g.
h.
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j.
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m.
n.
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v.
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5. (Directors - Name) (Law requires at least (3) three) (Address)
a.
b.
c.
d.
e.
f.
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w.
x.
y.
z.

6. (Resident Agent Name) (Address)

Insurance companies are not to complete item 6 pursuant to Section 624.0221, Florida Statutes.

7. Last meeting of Directors (Month - Day - Year) 8. Corporation Active? (Yes or No) 9. If inactive, inactivity began (Month - Day - Year)

If inactive, will corporation begin business in the future? (Yes or No) 11. Date Incorporated (Month - Day - Year) 12. If foreign corporation, date qualified in Fla. (Month - Day - Year)

13. If foreign corporation, give the number of States in which you do business.
facts to be true and correct as shown by our books.

14. We, the undersigned, certify the above statement of

Attest:

Secretary

By President or V-President

STATE OF _____
COUNTY OF _____

Personally appeared before me _____
and do hereby attest that he executed this certificate for and in behalf of said corporation and
that the information herein contained is true and correct to the best of his knowledge and belief.
I am to and subscribed before me this _____ day of _____ 19____.

RICHARD (DICK) STONE
SECRETARY OF STATE
The Capitol
Tallahassee, Florida 32304

State of Florida
Department of State
ANNUAL REPORT
for Corporations and Other Entities

Please refer to this number for future correspondence
regarding this corporation

ADDRESS CORRECTION
REQUESTED

DATE DUE: JAN. 1, 1973

DATE DELINQUENT: MAR. 1, 1973

FEB -2-73 1 2007*****2.00
18 0767

PLEASE TYPE

CHANGE MAILING ADDRESS TO:

1. Michigan Manor Condominium, Inc.
(Exact Corporate Name)

Fed. Emp. I.D. No.

Florida 33139

3. 1000-16 Street
(Street Address of Principal Office in Fla.)

Miami Beach

Dade

(County/BS)

(State)

(Zip)

(Officers Names)

(Title)

(Street Address)

(City)

(State)

4. (a) Louis Wosk
(b) David Roeden
(c) Jack Murray
(d)

Pres.
Vice Pres.
Secy/Treas.

(Street Address)

(City)

(State)

5. (a)
(b)
(c)
(d)

READ INSTRUCTIONS ON BACK

7. General Nature
of Business
See page 2

8. Date Formed
or Incorporated

6 / 1 / 64

MO DA YR

9. If Foreign Corporation:
Date Qualified in Florida

/ /
MO DA YR

10. Capital Stock (or number and book value of all certificates of interest or participation):

SHARES ISSUED

Class or Type

Number

Book Value

\$

(a)

\$

(b)

\$

(c)

\$

11. If you do not have Capital Stock, describe the general rules applicable to all members by which the property rights and interests of each are determined

funds in acc. would be divided equally if and when disbanded

12. Fiscal close of accounting period

FILING FEE PER PROFIT ENTITY \$5.00
PER NON-PROFIT ENTITY \$2.00

13. I/WE declare that all Florida documentary stamp taxes applicable to corporate stock (or certificates of interest or participation) transactions for the 12 month period ending Dec. 31, 1972 have been paid as required under Chapter 201, Florida Statutes, and I/WE further declare that this report is true and correct.

(Corporate Seal)

Attest: Jack Murray Secy.

Michigan Manor Condominium, Inc.
(Corporate Name)

By: David Roeden, V.P.
President or Vice President

MICHIGAN
MANOR COOP.
INC.

FLA. 104

1964

Return Original (with Filing Fee) to DEPARTMENT OF STATE

DRAWER 18
THE CAPITOL
TALLAHASSEE, FLORIDA 32304

SEAL

RICHARD (DICK) STONE
Secretary of State
THE CAPITOL
TALLAHASSEE, FLA.
22304

STATE OF FLORIDA
DEPARTMENT OF STATE
PRIVILEGE TAX RETURN
FOR CORPORATIONS & OTHER ENTITIES

BLK. RT.
U.S. POSTAGE
PAID
TALLAHASSEE, FLA.
PERMIT #88

ADDRESS CORRECTION REQUESTED

706869-23-09 02/21/64

MICHIGAN MANOR CONDOMINIUM INC
MR. ROBERTO SUST
1000 10 STREET
MIAMI BEACH FLA.

1590 Michigan Ave
Miami Beach Zip 33139 MAR 7TH 1972 APR 5TH 1972

DATE DUE: JAN. 1, 1972
DATE DELINQUENT: MAR. 1, 1972

PLEASE TYPE 29 1726

Change Mailing Address to: 1590 Michigan Ave Miami Beach Zip 33139

READ INSTRUCTIONS ON BACK

READ INSTRUCTIONS ON BACK

PRIVILEGE TAX PROFIT ENTITIES \$5.00
NON-PROFIT ENTITIES \$2.00

| | | | | |
|--|---------------------------------|-------------|---------|--------------------|
| (Exact Corporate Name) | Michigan Manor Condominium Inc. | | | Fed. Emp. I.D. No. |
| 1. Street Address of Principal Office in Fla. | (City) | (County) | (State) | (Zip) |
| 3. 1590 Michigan Ave Miami Beach FLA 33139 | | | | |
| 4. (Officer's Name) Bee A. Kaufman (Title) President | Street Address | (City) | | |
| (a) Mrs. Bee A. Kaufman | 1590 Michigan Ave | Miami Beach | FLA | 33139 |
| (b) Jack Murray | | | | |
| (c) David L. Wagner Pres | | | | |
| (d) | | | | |
| 5. (Officers, Trustees, Managers) | Street Address | (City) | | |
| (a) David L. Wagner | 1590 Michigan Ave | Miami Beach | FLA | 33139 |
| (b) Honey Rose | | | | |
| (c) Jack Murray | | | | |
| (d) | | | | |
| 6. (Resident Agent Name) | Street Address | (City) | | |
| | | | | |

7. General Nature of Business Condominium 8. Date Formed or Incorporated 1/1/1964 9. If Foreign Corporation, Date Qualified in Florida 1/1/1964

10. Capital Stock (or number and book value of all certificates of interest or participation):

| Class or Type | Par or Stated Value | Shares Authorised | Number | Book Value |
|---------------|---------------------|-------------------|--------|------------|
| (a) | | | \$ | |
| (b) | | | \$ | |
| (c) | | | \$ | |
| (d) | | | \$ | |

(e) Total Book Value of Stock (Certificates) Issued

11. If you do not have Capital Stock, describe the general rules applicable to all members by which the property rights and interests of each are determined

12. Close of annual accounting period for this return 1/1/1972

13. I/We declare that all Florida documentary stamp taxes applicable to corporate stock (or certificates of interest or participation) transactions for the 12 month period ending Dec. 31 have been paid as required under Chapter 201, Florida Statutes, and I/We further declare that this return is true and correct.

(Corporate Seal)

Attest:

Secretary or Assistant Secretary

(Corporate Name)

By: Bee A. Kaufman, Pres
President or Vice President

Return Original (with Tax Payment) to DEPARTMENT OF STATE

THE CAPITOL
TALLAHASSEE, FLORIDA 32304

| | | | | |
|--|--|---|--|--|
| ANNUAL FILING FEES | | CORPORATION ANNUAL REPORT | | SEP -2-75 1 282*****7.00 |
| \$5.00-PROFIT CORP. \$2.00-NON-PROFIT CORP. | | DUE---JAN. 1 DELINQUENT--JULY 1 | | VALIDATION AREA - DO NOT WRITE IN THIS SPACE |
| REMIT THIS FORM 5 FILING FEE TO SECRETARY OF STATE THE CAPITOL TALLAHASSEE, FLORIDA 32304 | | ① 706869 2 <small>CHARTER NUMBER</small> ② 02/21/1964 <small>DATE INC. OR IF FOREIGN DATE QUALIFIED IN FLA.</small> ④ FED. EMPLOYER ID. NO. <input type="text"/> <small>⑥ CHANGE TO: _____</small> ⑤ FISCAL CLOSE OF ACCOUNTING PERIOD (MO) <input type="text"/> <small>⑦ CHANGE TO: _____</small> | | ③ SIC C <small>ACE ENVELOPE BACK</small> 8699 <small>⑧ CHANGE TO: _____</small> ⑨ YEAR OF LAST REPORT FILED IN THIS OFFICE 1974 <small>⑩ YEAR(S) THIS REPORT COVERS 1975</small> |
| ⑥ MICHIGAN MANOR CONDOMINIUM INC <small>EXACT NAME</small> | | | | <small>DO NOT WRITE IN THIS SPACE</small> <small>FOR DIVISION USE ONLY</small> <small>MB 9/2/75</small> |
| <small>⑦ IF RESIDENT AGENT AND/OR ADDRESS IS DIFFERENT, WRITE THIS OFFICE AT THE ABOVE ADDRESS FOR PROPER FORMS.</small> <small>RESIDENT AGENT AND STREET ADDRESS</small> <small>1590 MICHIGAN AVE Jack Murray</small> <small>MIAMI BEACH, FL 33139</small> | | | | |
| <small>NOTICE: IN THE FUTURE, ALL MAIL WILL BE ADDRESSED TO THE PHYSICAL STREET ADDRESS OF CORPORATION. TO COMPLY WITH THIS REQUIREMENT, PLEASE CHANGE THE MAILING ADDRESS TO REFLECT THE PHYSICAL STREET ADDRESS OF THE PRINCIPAL PLACE OF BUSINESS, IF NOT ALREADY STATED.</small> | | | | |
| <small>⑧ 706869 MICHIGAN MANOR CONDOMINIUM INC ADDRESS 1000 16 STREET MIAMI BEACH, FLA</small> | | <small>⑨ CHANGE TO: _____ NO P.O. BOX: _____</small> | | PLEASE READ INSTRUCTIONS ON BACK |
| <small>⑩ OFFICERS/DIRECTORS NAMES</small> <small>Maximilian Butler John 1590 Michigan Ave MIAMI, FL PRES [initials]</small> | | <small>STREET ADDRESS</small> <small>MARY LOCHER 11 MIAMI, FL Vice Pres</small> | | <small>TITLE(S)</small> <small>MURRAY JACK Sec. Treas. 11 MIAMI, FL SFC</small> |
| | | | | |
| | | | | |
| | | | | |
| <small>CAPITAL STOCK</small> <small>⑪ [Signature]</small> | | <small>I DECLARE THAT ALL FLORIDA DOCUMENTARY STAMP TAXES APPLICABLE TO CORPORATE STOCK (OR CERTIFICATES OF INTEREST OR PARTICIPATION) TRANSACTIONS DURING THE PREVIOUS YEAR HAVE BEEN PAID AS REQUIRED BY CHAPTER 201, FLORIDA STATUTES. I FURTHER DECLARE THAT I AM THE AUTHORIZED PERSON TO SIGN THE REPORT FOR THIS ENTITY AND THAT IT IS TRUE AND CORRECT.</small> | | |
| | | <small>AUTHORIZED SIGNATURE</small> <small>⑫ CLASS OR TYPE PAN NO. FWD OR STATED VALUE SHARES AUTHORIZED NUMBER BOOK VALUE \$</small> | | |
| | | <small>TITLE</small> <small>DATE</small> | | <small>TEL. NO.</small> |
| <small>⑬ IF YOU DO NOT HAVE CAPITAL STOCK, DESCRIBE THE GENERAL RULES APPLICABLE TO ALL MEMBERS BY WHICH THE PROPERTY RIGHTS AND INTERESTS OF EACH ARE DETERMINED</small> | | <small>CORP-AR75</small> | | |

706869

**FLORIDA DEPARTMENT OF STATE****George Firestone
Secretary of State****D.W. McKinnon, Director
Division of Corporations
904/488-9636****Mrs. Nettie Sims, Chief
Bureau of Corporate Records
904/488-9383****February 14, 1986**

Kenneth N. Rekant, P.A.
One Lincoln Road Bldg.
Suite 208
Miami Beach, FL 33139-2086

SUBJECT: MICHIGAN MANOR CONDOMINIUM INC.**DOCUMENT NUMBER: 706869**

As per your request, a refund of \$ 20.00 is enclosed.

REASON FOR REFUND:

- Withdrawal of Charter.
- Overpayment of filing fee.
- Charter not on record in this office.
- Overpayment of certification fee.
- Filing fee previously paid.
- No fee required.
- No response to our letter of _____.
- Overpayment of charter tax.
- Other: Withdrawal of amendment, corporation is involuntarily dissolved.

If you have any questions regarding this matter, please let us know.

Sincerely,

Nettie F. Sims, Chief
Bureau of Corporate Records

NFS/ bjh
Corp 77-2621

Division of Corporations • P.O. Box 6327 • Tallahassee, Florida 32301

REQUISITION FOR REFUND

This money was originally received per validator stamp as follows:

| Date | Validation No. | Machine No. | Dept. No. | Amount |
|----------|----------------|-------------|-----------|---------|
| 12/13/85 | 9604 | 006 | 13 | \$15.00 |
| | | | 6 | \$ 5.00 |

Requested by: _____

Authorized Signature _____

For Use by Fiscal Division

Paid by Revolving Fund Check No. _____

Dated _____ amount _____

Form DBF-AA-4
Rev. 7/1/80

APPLICATION FOR REFUND
FROM
STATE OF FLORIDA

STATE OF FLORIDA)
COUNTY OF _____)

Pursuant to the provisions of Section 215.26, or Section _____
Florida Statutes, I hereby apply for a refund and request that a State warrant
drawn in favor of:

NAME: Kenneth N. Rekant, P.A.

ADDRESS: Suite 208- One Lincoln Road Bldg
Miami Beach, FL 33139-2086

AMOUNT: \$20.00

which represents moneys I paid into the State Treasury subject to refund, and to substantiate
such claim the following facts are submitted:

Reason for Claim: withdrawal of amendment since corporation is involuntarily
dissolved. (MICHIGAN MANOR CONDOMINIUM INC 706869)

CERTIFIED TRUE AND CORRECT this 14 day of February 19 86.

Georgina Kietrys

(Signature)

*Must be completed if authority is other than Section 215.26, Florida Statutes.

(FOR AGENCY USE ONLY)

(1) Agency recommends denial of above claim based on the following facts, including statutory
authority for collection:

or

(2) Agency recommends approval of above claim and submits the following information to sub-
stantiate such claim.

The amount recommended \$ 20.00

The amount requested above was originally deposited into the State Treasury, included
in the State Treasurer's Receipt # 9604, dated 12/13/85.

() General Revenue _____
(Revenue Code)

() Trust #1 2-453-0201-01
(Name and Code Number of Trust Account)

Statutory Authority for Collection 607.36

It is requested that payment be made from:

() Refund of Overpayment of Taxes - General Revenue-Refunds (1-4/1-0211)

() Trust #2 2-453-0211
(Name and Code Number of Trust Account)

CERTIFIED TRUE AND CORRECT this 14th day of February 19 86

Division of Corporations, Corporate Records Bureau
(Agency)

(Signature of Authorized Person)

Bureau Chief
(Title)

SECTION 215.26 STATES, IN PART: "APPLICATION FOR REFUND AS PROVIDED BY THIS SECTION SHALL BE
FILED WITH THE ATTORNEY GENERAL, EXCEPT AS OTHERWISE PROVIDED HEREIN, WITHIN 3 YEARS AFTER THE DATE
TO WHICH REFUND SHALL HAVE ACCRUED UNLESS SUCH RIGHT SHALL BE FORGOED." Three years is interpreted
as meaning three years from the date of payment into the State Treasury.

KENNETH N. REKANT, P.A.
ATTORNEY AND COUNSELLOR AT LAW

SUITE 208 - ONE LINCOLN ROAD BLDG.
MIAMI BEACH, FLORIDA 33139-2086
TEL: (305) 531-2225

GEORGIA G. RIESTRA
1590 MICHIGAN AVE., APT. 7
MIAMI BEACH, FL 33139

December 5, 1985

006 9584 12/13/85 15.00 12
006 9584 12/13/85 5.00 4
006 9584 12/13/85 20.00 16

Florida Department of State
George Firestone, Secretary
Corporate Records
P. O. Box 6327
Tallahassee, Florida 32301

Re: Amendment to By Laws of MICHIGAN MANOR CONDOMINIUM
ASSOCIATION, INC.

*Set & refund
app
1/28/86*

Dear Sir:

Enclosed kindly find the following:

1. Original Amendment to By Laws concerning the
above corporation.

2. A check in the sum of \$20.00 payable to your
office to satisfy the \$15.00 filing fee plus \$5.00 to cover
the cost of a certificate re the amendment herein.

Thank you for your courtesy herein.

Very truly yours,


Kenneth N. Rekant, P.A.
KNR:sr

| | |
|-------------------|----------|
| Name | BN |
| Availability | 12/13/85 |
| Document Examiner | |
| Updater | |
| Processor | |
| Verifier | |
| Acknowledgment | |
| W.P. Verified | |

*3,94,38,46,129

215.00



FLORIDA DEPARTMENT OF STATE

D.W. McKinnon, Director
Division of Corporations
904/488-9636

George Firestone
Secretary of State

Mrs. Nettie Sims, Chief
Bureau of Corporate Records
904/488-9383

December 17, 1985

Georgina G. Riestra
1590 Michigan Avenue
Apt. 7
Miami Beach, FL 33139

SUBJECT: MICHIGAN MANOR CONDOMINIUM INC
Reference: 706869

Dear Ms. Riestra:

We have received your document for the above corporation and your check(s) totaling \$20.00. However, the document has not been filed and is being returned for the following:

The above corporation has been dissolved for failing to file annual report(s). The attached report must be completed and returned. To expedite processing, please return the reinstatement to the attention of the Amendment Section, together with your document.

Cost of reinstatement is \$215.00.

The Secretary of State's office does not file amendments to by-laws. If you wish to make amendments to your Articles of Incorporation please change your title to Amendments to Articles of Incorporation. Our records show the name of your corporation to be Michigan Manor Condominium Inc. please change the heading to reflect same. Please delete adoption of amendment by shareholders since this is a non profit corporation.

If you have any further questions concerning the filing of your document, please call (904) 488-9840.

Sincerely,

Annette Hogan
Document Examiner
Amendment Section

AF:ajh

RECEIVED
JAN 27 1986
JAN 27 1986
MRN DIVISION OF STATE LANDS
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Miami Beach, 23 Jan 86

Dunette Hogan
Document Examiner
Amendment Section

Subject: Michigan Manor Condo. Inc.
Reference: 706869

Dear Ms. Hogan: We have received your letter about the failing to file annual report in Michigan Manor Condo. Inc.

Thank you for the information that you give to us concerning the filing of the documents. We don't receive the checks \$20. Will you please return to us, because when we resolved reinstatement we let you know, with our appreciation.

—truly
Georgina Kiecky
PRESIDENT ASSOC.

706869

PRINTOUT SENT _____

LETTER SENT _____

CUS 8H 8-11-81

REINSTATEMENT

FILED 8-7-81

INVOLUNTARILY

DISSOLVED 12-11-76

REINSTATEMENT \$ 100

CUS 5

Registered Agent 3

Overpayment

72 Privilege Tax

73 Annual Report

74 Annual Report

75 Annual Report

76 Annual Report

77 Annual Report

78 Annual Report

79 Annual Report

80 Annual Report

81 " "

82 Annual Report

83 Annual Report

84 Annual Report

85 Annual Report

86 Annual Report

87 Annual Report

TOTAL \$ 408

AUG 7 9 1981 MH '81
ATTORNEY OF STATE
MELBOURNE, FLORIDA

FILED

08/12/87 00010 014
REINSTATEMENT 100.00
REINSTATEMENT 300.00
ANNUAL REPORT 3.00
REGISTERED AGENT 5.00
CERT/PHOTO COPY 5.00
TOTAL 408.00

NAME AVAILABLE 8H

REINSTATED BY 8H

UPDATER 8H

UPDATER VERIFIER X 8/10

Michigan Manor Condominium, Inc.

**CORPORATION
ANNUAL REPORT
1987**



FLORIDA DEPARTMENT OF STATE
George Firestone
Secretary of State
DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE

FILED

AUG 7 9 42 AM '87

BLOCK 1 OF STATE

2. Enter Change of Address of Corporation Principal Office, P.O. Box Number Alone is NOT Sufficient

Street Address 21

P.O. Box No. 22

City and State 23

Zip Code 24

Read Notice and Instructions on Other Side Before Making Entries
Filing Fee of \$25 Required - Make Checks Payable To: Secretary of State

1. Name and Address of Corporation Principal Office:

Michigan Manor Condominium, Inc.
1590 Michigan Avenue, Apt. 7
Miami Beach, Florida 33139

If above address is incorrect in any way, enter the correct address
in item 2, include Zip Code.

706849
gH

3. Date Incorporated or Qualified
To Do Business in Florida

1964

4. Federal Employer
Identification Number (FEIN)

5. Date of
Last Report **No Inf. Available**

6. Names and Street Addresses of Each Officer and Director, as of December 31, 1986

Names of Officers
and Directors

Title

Street Address of Each
Officer and Director
(Do NOT Use Post Office Box Numbers)

4

City and State

5

Georgina Riestra
Maria Garcia
Jack Morris

Pres. 1590 Michigan Ave. Apt 7
Trea 1590 Michigan Ave. Apt. 9
Sec 1590 Michigan Ave. Apt. 2

Miami Beach, FL 33139
Miami Beach, FL 33139
Miami Beach, FL 33139

REGISTERED AGENT INFORMATION

7. Name and Address of Current Registered Agent

No information available

8. Name and Address of New Registered Agent

Name 81
Georgina Riestra

Street Address 1 (Do NOT Use P.O. Box Number) 82

1590 Michigan Ave. Apt. 7

Street Address 2 (Do NOT Use P.O. Box Number) 83

City and State 84
Miami Beach

Zip Code 85
33139

9. Pursuant to the provisions of Sections 607.024 and 607.037, Florida Statutes, the above-named corporation, incorporated under the laws of the State of Florida, 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 resolution duly adopted by its board of directors on:

I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of, Section 607.025 F.S.

SIGNATURE

Georgina Riestra
(Registered Agent Accepting Appointment)

DATE **August 3, 1987**

\$1.00 Additional fee required for Registered Agent changes.

JH 8-7-87

See signature restrictions under instructions on reverse side of this form.

I Certify That I Am An Officer of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 607 F.S.
I further Certify That My Signature On This Report Shall Have the Same Legal Effects As If Made Under Oath
(Officer signatures must be listed in Block 6).

Signature

Date

Typed Name of Signing Officer

Title

Telephone Number

Georgina Riestra

President

(305) 538-3056

11. Should you desire a certificate of status check the box.

CERTIFICATE OF STATUS DESIRED

gH 8-11-87

\$5 Additional Fee
required for a
Certificate of Status

FILE NOW! THIS REPORT MUST BE FILED BY NOVEMBER 7, 1990 OR THIS CORPORATION WILL BE DISSOLVED. FEE TO REINSTATE IS \$236.25

PS0019423

CORPORATION

ANNUAL REPORT
1990



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE

FILED

1990 AUG 10 PM 12:48

SECRETARY OF STATE
TAX RECEIPT STAMP

Filing Fee of \$35 Required - Make Checks Payable To: Secretary of State

1. Name and Address of Corporation Principal Office:

706869 5

ZIP + 4 PRESORT
MICHIGAN MANOR CONDOMINIUM INC
1590 MICHIGAN AVE.
APT #6
MIAMI BEACH FLA 33139-3325

If above address is incorrect in any way, enter the correct address
in item 2. Include Zip Code.

3. Date Incorporated or Qualified
To Do Business in Florida

02/21/1964

4. FEI Number

VL-65-0011492

FEI Number Applied For
 FEI Number Not Applicable

► 6. Names and Street Addresses of Each Officer and Director (Do not use any correction tape or fluid to cover over incorrect information.)

| T/Off | Names of Officers and Directors | Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers) | City and State | 5 |
|-------|---|---|----------------------|---|
| D/P | RIESTRA, GEORGINA Kates, Steven | 1590 MICHIGAN AVE. # #6 | MIAMI BCH, FL | |
| T/D | GARCIA, MARIA Gill De Montes, Maria | 1590 MICHIGAN AVE. # #2 | MIAMI BCH, FL | |
| S/D | MORRIS, JACK Civale, Sandra | 1590 MICHIGAN AVE. # #5 | MIAMI BCH, FL | |
| 4 | | | | |
| 4x | | | | |
| 5 | | | | |
| 5x | | | | |
| 6 | | | | |
| 6x | | | | |

REGISTERED AGENT INFORMATION

7. Name and Address of Current Registered Agent

ZOLUN, BERTHA
1590 MICHIGAN AVE #6
MIAMI BEACH, FL. 33139

8. Name and Address of New Registered Agent

Name 81

Steven Kates

Street Address 1 (Do NOT Use PO Box Number) 82

1590 Michigan Avenue #2

Street Address 2 (Do NOT Use PO Box Number) 83

Miami Beach

City and State 84

Florida

Zip Code 85

FL. 33139

9. Pursuant to the provisions of Sections 607.034 and 607.037, Florida Statutes, the above-named corporation, incorporated under the laws of the State of Florida, 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 resolution duly adopted by its board of directors on _____.

I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of, Section 607.325 FS.

SIGNATURE: *Steven Kates*
(Registered Agent Accepting Appointment)

DATE **8/7/90**

10. I 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 effects as if made under oath. I further certify 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, FS.

Date

Signature

Title/Name of Signing Officer or Director

Steven Kates

Title

President

Telephone Number

(305) 672-2445

11. Should you desire a certificate of status check the box

CERTIFICATE OF STATUS DESIRED

REG. & M. REC'D. FOR
RECEIVER OR TRUSTEE
RECEIVED AND FILED

FILE NOW! CORPORATE STATUS WILL BE DELINQUENT AFTER JULY 1ST.

CORPORATION
ANNUAL REPORT
1991



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
FL. DEPT. OF STATE
CORPORATIONS DIV.
TALLAHASSEE, FL.
FILED

Read Instructions on Other Side Before Making Entries

FILING FEE OF \$61.25 REQUIRED

1. Name and Mailing Address of Corporation:

DOCUMENT #706869 (5)

ZIP + 4 PRESORT

B MICHIGAN MANOR CONDOMINIUM INC
1590 MICHIGAN AVE.
APT #2
MIAMI BEACH FLA 33139-3325

DO NOT WRITE IN THIS SPACE

2. If Address in Block 1 is incorrect in any way, enter the correct address below. P.O. Box is acceptable. The NAME of the corporation can be changed only by filing an amendment.

3. Street Address:

PPT # 2

4. P.O. Box No:

5. City and State:

6. Zip Code:

If above address is incorrect in any way, enter the correct address in Form 2. Include Zip Code.

| | | | |
|--|-------------------|----------------------------|---|
| 3. Date Incorporated or Qualified To Do Business in Florida: | 4. FEI Number: | 5. FEI Number Applied For: | 6. \$8.75 Additional Fee required for a Certificate of Status |
| 02/21/1964 | 65-0011492 | FEI Number Not Applied For | CERTIFICATE OF STATUS DESIRED |

| 6. Names and Street Addresses of Each Officer and Director (Do not use any correction form or file to cover this information.) | | Street Address of Each Officer and Director | City and State |
|--|-----------------------------|---|----------------------|
| 1. D/P | KATES, STEVEN | 1590 MICHIGAN AVE. #6 | MIAMI BCH, FL |
| 2. T/D | GIL DE MONTES, MARIA | 1590 MICHIGAN AVE. #2 | MIAMI BCH, FL |
| 3. S/D | NUNEZ, RENE | | |
| | GIVALE, SANDRA | 1590 MICHIGAN AVE. #5 2 | MIAMI BCH, FL |
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Michigan Manor Condominium
1590 Michigan Ave-Apt. # 2
Miami Beach, Fla, 33139

D/P — Riestra Armando -Apt. # 7 - Miami Beach, Fla
T/D — Gil de Montes Maria - Apt. " 2 - N. Beach
S/D — Rene Nunez Apt. # 2 - N. Beach -

Block # 6

File Now. Filing Fee after May 1 is \$225.00

6/1-25

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| CORPORATION ANNUAL REPORT 1993 | | FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State DIVISION OF CORPORATIONS |
|--------------------------------------|--|--|

1. Name and Mailing Address of Corporation DOCUMENT # 706869 (5)
MICHIGAN MANOR CONDOMINIUM INC
1590 MICHIGAN AVE APT 2
MIAMI BEACH FL 33139-3325

11. Name of Person or Entity to receive service of process in any way. See the legal document information and order section in Block 2.

FILING FEE ANNUAL REPORT \$81.25 + \$138.75 CORPORATION SUPPLEMENTAL FEE
\$200.00 MAKE CHECK PAYABLE TO DEPARTMENT OF STATE

2. Mailing Address
1590 Michigan Ave #2
MIAMI, FL 33139
Apt. Num 2
City & State
MIAMI Beach-FL
33139 U.S.A.

2a. Previous Place of Business

Same

MIAMI, FL 33139

2b. Same

City & State

Same

MIAMI, FL 33139

2c. Same

MIAMI, FL 33139

9. Name and Address of Current Registered Agent

NUNEZ, RENE
1590 MICHIGAN AVE APT 2
MIAMI BEACH FL 33139

11. Name and Address of Registered Agent for Service of Process. If none, see Item 11 of Schedule 1. If no address is given, the corporation or company submits the service of process to the registered agent or to the office of the Secretary of State. Such address was furnished by the corporation or company to the Department of State as registered agent, and is used throughout this document. See Item 11 of Schedule 1. If no address is given, the corporation or company submits the service of process to the Secretary of State. Such address was furnished by the corporation or company to the Department of State as registered agent, and is used throughout this document. See Item 11 of Schedule 1.

DATE 2-18-1993

12. OFFICES AND CHARGES

P/D
RIESTRA, ARMANDO
1590 MICHIGAN AVE #2
MIAMI BEACH FL

T/D
GIL DE MONTES, MARIA
1590 MICHIGAN AVE. #2
MIAMI BCH FL

S/D
NUNEZ, RENE
1590 MICHIGAN AVENUE, #2
MIAMI BCH FL

13. OFFICES AND CHARGES

P/D
RIESTRA, ARMANDO
1590 Michigan Ave #7
MIAMI, BEACH, FL 33139
T/D GIL DE MONTES, MARIA
1590 Michigan Ave. #2
Miami Beach, Fl 33139

S/D Nunez, Rene
1590 Michigan Ave. #2
Miami Beach, Fl 33139

SIGNATURE

S/D 2-18-93

(305) 534-8859

APPROVED
SEC. OF STATE
ROTATION CITY
LAMASSEE, FLA.
FILED

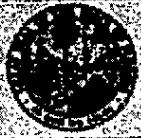
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| 3. Date Incorporated or Organized 02/21/1964 | 4. Date of Last Report 08/25/1992 |
| 4. FEI Number 650011492 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 <input type="checkbox"/> For Nonprofit <input type="checkbox"/> |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 <input type="checkbox"/> May Be Added to Fees |
| 7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/> | \$138.75 <input checked="" type="checkbox"/> Supplemental Fee Not Required |
| 8. This corporation has liability for a tangible tax under S. 109.032. Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 9. Name and Address of New Registered Agent | |

81. Name
RENE NUNEZ
82. Street Address (P.O. Box Number is Not Acceptable)
1590 Michigan AVE (APT 2)
83. City & State
MIAMI BEACH, FL 33139
84. City
FL 85. Zip Code
33139 86. Country
USA

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

CORPORATION
ANNUAL REPORT
1994



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

96 AUG 15 PM 3:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Corporation Name
MICHIGAN MANOR CONDOMINIUM INC

DOCUMENT #
706869 (5)

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

Principal Place of Business
1590 MICHIGAN AVENUE #2
APT NUM 2
MIAMI BEACH FL 33139
US

DO NOT WRITE IN THIS SPACE

| | | | |
|-------------------------|---------------------------------|-----|---------|
| 21. Mailing Address | 22. Principal Place of Business | | |
| 21. Suite, Apt. #, etc. | 22. Suite, Apt. #, etc. | | |
| 23. City & State | 24. City & State | | |
| 24. Zip | Country | Zip | Country |
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3. Date Incorporated or Qualified
02/21/1964

4. Date of Last Report
05/01/1993

| | | |
|------------------------------------|---|---|
| 4. FEI Number 05-0011492 | 5. Certificate of Status Desired S8.75 <input type="checkbox"/> | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> |
| | 7. Nonprofit Exempt from ST38.75 Supplemental Fee <input type="checkbox"/> | 8. \$5.00 May Be Added to Fees Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| | | 9. The corporation has liability for intangible tax under S. 199.032, Florida Statutes |

9. Name and Address of Current Registered Agent

NUNEZ RENE
1590 MICHIGAN AVENUE (APT 2)
MIAMI BEACH FL 33139

10. Name and Address of New Registered Agent

| | | |
|--------------------------------|--|-----|
| 81. Name Luz Cardona | 82. Street Address (P.O. Box Number Is Not Acceptable) 1590 Michigan Ave. #5 | 83. |
| 84. City Miami Bch | 85. Zip Code FL 33139 | |

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement
for the purpose of changing its registered officer or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors.
I hereby accept my appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505 or 617.0503, Florida Statutes.

SIGNATURE

DATE **5/31/94**

Programs of My Living Appointment. NOTE: Registered Agent signature required when changing.

OFFICERS AND DIRECTORS

| | |
|--|--|
| 12. TITLE 13. NAME 14. STREET ADDRESS 15. CITY - ST - ZIP | 16. TITLE 17. NAME 18. STREET ADDRESS 19. CITY - ST - ZIP |
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| 20. TITLE 21. NAME 22. STREET ADDRESS 23. CITY - ST - ZIP | 24. TITLE 25. NAME 26. STREET ADDRESS 27. CITY - ST - ZIP |
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| 28. TITLE 29. NAME 30. STREET ADDRESS 31. CITY - ST - ZIP | 32. TITLE 33. NAME 34. STREET ADDRESS 35. CITY - ST - ZIP |
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| 44. TITLE 45. NAME 46. STREET ADDRESS 47. CITY - ST - ZIP | 48. TITLE 49. NAME 50. STREET ADDRESS 51. CITY - ST - ZIP |
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CHANGES TO OFFICERS AND DIRECTORS IN 12

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| 52. TITLE 53. NAME 54. STREET ADDRESS 55. CITY - ST - ZIP | 56. TITLE 57. NAME 58. STREET ADDRESS 59. CITY - ST - ZIP |
| 52. TITLE 53. NAME 54. STREET ADDRESS 55. CITY - ST - ZIP | 60. TITLE 61. NAME 62. STREET ADDRESS 63. CITY - ST - ZIP |
| 52. TITLE 53. NAME 54. STREET ADDRESS 55. CITY - ST - ZIP | 64. TITLE 65. NAME 66. STREET ADDRESS 67. CITY - ST - ZIP |
| 52. TITLE 53. NAME 54. STREET ADDRESS 55. CITY - ST - ZIP | 68. TITLE 69. NAME 70. STREET ADDRESS 71. CITY - ST - ZIP |

12. 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(1)(a), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(1)(a) in the event that the information supplied is deemed exempt from public access. 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 a written order with that I have fulfilled all obligations concerning unclaimed property imposed by Chapter 717, Florida Statutes; that I am an officer or director of the corporation or the trustee or trustee empowered to execute the powers required by Chapter 607 or 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:
Sect.

PRINTED NAME, TYPE OR PRINTED NAME OF SIGNING OFFICER OR ATTORNEY

15/31/94 (305) 443-3820

FILE NOW! FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION

ANNUAL REPORT

1995 5-195

FLORIDA DEPARTMENT OF STATE
Serge B. Norman
Secretary of State
DIVISION OF CORPORATIONS

B-10243

DOCUMENT # 706869

1. Corporation Name

MICHIGAN MANOR CONDOMINIUM INC

(5)

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.

2a. Mailing Address

26. Suite, Apt. #, etc.

22. City & State

27. City & State

23. Zip

28. Zip

24. Country

29. Country

9. Name and Address of Current Registered Agent

**Luz Cardona
1590 Michigan Ave #5
Miami FL 33139**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/21/1964

3a. Date of Last Report

08/15/1994

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

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

10. Name and Address of New Registered Agent

61. Name

62. Street Address (P.O. Box Number is Not Acceptable)

63.

64. City **FL** **33** 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

(Signature, block or printed name of registered agent and title if applicable)

NOTE: Registered Agent signature required when checked off

DATE

| OFFICERS AND DIRECTORS | | 13. | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|------------------------|-----------------------|-------------------|---|-----------------------------------|
| TITLE | PD | 11 TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | COLLAZOS, NEY | 12 NAME | | |
| STREET ADDRESS | 507 NE 38 ST | 13 STREET ADDRESS | | |
| CITY-ST-ZP | MIAMI FL | 14 CITY-ST-ZP | | |
| TITLE | TD | 21 TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | RODRIGUEZ, DICTINIA | 22 NAME | | |
| STREET ADDRESS | 1590 MICHIGAN AVE #15 | 23 STREET ADDRESS | | |
| CITY-ST-ZP | MIAMI FL | 24 CITY-ST-ZP | | |
| TITLE | SD | 31 TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | Luz, Cardona | 32 NAME | | |
| STREET ADDRESS | 1590 MICHIGAN AVE #5 | 33 STREET ADDRESS | | |
| CITY-ST-ZP | MIAMI FL | 34 CITY-ST-ZP | | |
| TITLE | | 41 TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | 42 NAME | | |
| STREET ADDRESS | | 43 STREET ADDRESS | | |
| CITY-ST-ZP | | 44 CITY-ST-ZP | | |
| TITLE | | 51 TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | 52 NAME | | |
| STREET ADDRESS | | 53 STREET ADDRESS | | |
| CITY-ST-ZP | | 54 CITY-ST-ZP | | |
| TITLE | | 61 TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | 62 NAME | | |
| STREET ADDRESS | | 63 STREET ADDRESS | | |
| CITY-ST-ZP | | 64 CITY-ST-ZP | | |

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 a 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: *Luz Cardona*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

✓ 4/11/95 (305)673-3919