

706869

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

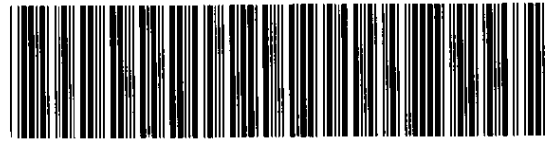
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100409454861

NP # 6869

MICHIGAN MANOR CONDOMINIUM,
INC.

NEW

FILED IN OFFICE OF SECRETARY
OF STATE, STATE OF FLORIDA,
by J.P., on FEB. 21, 1964.

TOM ADAMS
SECRETARY OF STATE



Office of the
Secretary of State
 State of Florida

Tallahassee

TOM ADAMS

SECRETARY OF STATE
 February 21, 1964

In reply refer to:
 corp-nonprofit-1p

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

NP # 6869

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

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

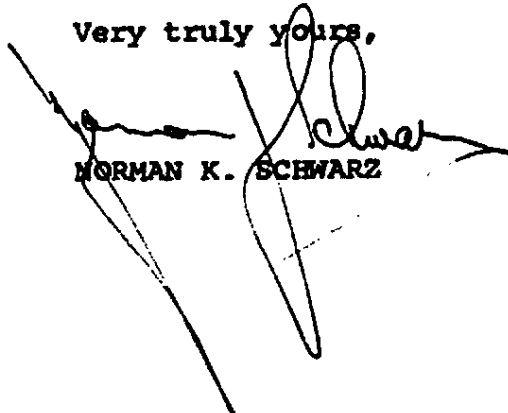
FE 21-1-1962 30830 **\$11.00

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
covering the cost of filing fee together with \$3.00 for
certified copy.

Very truly yours,



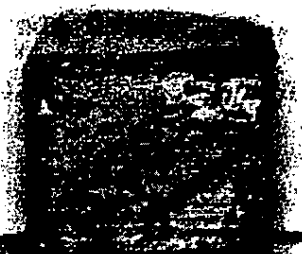
NORMAN K. SCHWARZ

NKS:pbn

Encs.

RECEIVED
1964 FEB 22 AM 9:04
SECRETARY OF STATE
TALLAHASSEE
FLORIDA

NP



ARTICLES OF INCORPORATION

OF

MICHIGAN MANOR CONDOMINIUM, INC.

RECEIVED
1954 FEB 22 AM 9:07
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 $\frac{1}{2}$ 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>Jose 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 | Secretary-Treasurer |

Jose Susi

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

...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:

[Signature]
[Signature]

[Signature] (SEAL)
 ROBERTO SUSI
[Signature] (SEAL)
 ALFREDO SUSSI
[Signature] (SEAL)
 JOSE SUSI

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 SUSSI 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.

[Signature]
 NOTARY PUBLIC
 State of Florida at Large

My Commission expires: [blank]
 My commission was issued: [blank] 1964
 Bonded by: [blank] & Insurance Co.

CORPORATION NOT FOR PROFIT

NP
No. *6869-A*

Resident Agent Certificate

NAME

*Michigan Manor
Condominium, Inc.*

**FILED IN THE OFFICE OF
SECRETARY OF STATE
OF FLORIDA**

**TOM ADAMS
SECRETARY OF STATE**

BY *TA* *3/2/64*

STATE OF FLORIDA

OFFICE

SECRETARY OF STATE

NR-2-64-2 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

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

OFFICERS: AFFIX TITLES: SPECIFIC ADDRESS
NAME
ROBERTO SUBI, President 1590 Michigan Avenue, Miami Beach, Fla.
ALFREDO SUBI, Vice-President 1590 Michigan Avenue, Miami Beach, Fla.
JOSE SUBI, Secretary-Treasurer 1590 Michigan Avenue, Miami Beach, Fla.

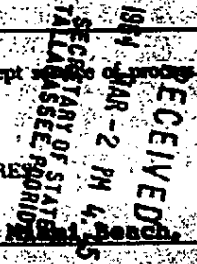
DIRECTORS: (THREE (3) required by law) SPECIFIC ADDRESS
NAME
ROBERTO SUBI 1590 Michigan Avenue, Miami Beach, Fla.
ALFREDO SUBI 1590 Michigan Avenue, Miami Beach, Fla.
JOSE SUBI 1590 Michigan Avenue, Miami Beach, Fla.
NORMAN K. SCHWARTZ 420 Lincoln Road, Miami Beach, Fla.
By Robert Subi

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 Norman K. Schwartz

Section 617.023, Florida Statutes, Office and resident agent. Every corporation organized hereunder shall maintain an office in this state with a resident agent thereat 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 III.

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

by GB, on JUNE 1, 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/ob

NORMAN K. SCHWARZ
ATTORNEY AT LAW

SUITE 302 MERCANTILE BANK BUILDING
420 LINCOLN ROAD
MIAMI BEACH, FLORIDA, 33139
JEFFERSON 8-5277

May 27, 1964

Secretary of State
Tallahassee, Florida

Re: Michigan Manor Condominium, Inc.

SR-1-61-72 15705 44-43.00
SR-1-61-72 15605 44-43.00

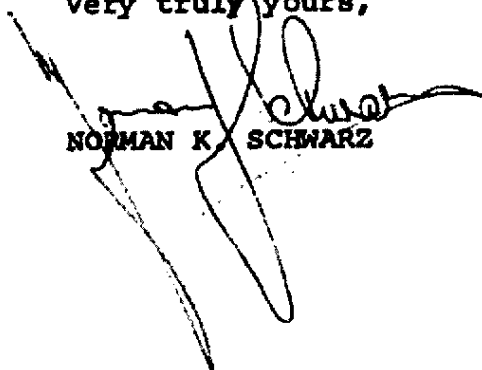
Gentlemen:

Enclosed herein you will find an Amendment of Articles of Incorporation of Michigan Manor Condominium, Inc., a not-for-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

RECEIVED
JUN 1 12 50 PM '64
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NKS:pbm

Encs.

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

*Amend
Art*

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,

64.

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, the existing Section, the following in its stead:

"There shall not be more than twelve (12) members at any time; The owner of a Certificate of Beneficial Interest in the corporation shall be entitled to cast one (1) vote at all meetings 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 Jose Susi
Secretary

By [Signature]
President

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, depose 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 on 10-30-1964
Residence: Miami, Florida

[Signature]
Notary Public, State of Florida at Large

RECEIVED
MAY 12 1964
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[Signature]

APPROVED AND FILED

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 Return for Non-Delivery
 () Moved, left no address
 () Out of business
 () No such address
 () Unknown
 () Closed for season
 () Refused

Corporation Report for Foreign and Domestic Corporations

(Not For Profit and Exempt (Section 608.32(2), Florida Statutes)

State of Florida
TOM ADAMS
 SECRETARY OF STATE
 Tallahassee, Florida

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

RETURN REQUESTED

Refer to This Number
 in All Correspondence

This return is due
 on July 1
 1964

23-09-NP-06869

**DUE 30 DAYS
 AFTER RECEIVED**

**MICHIGAN MANOR CONDOMINIUM INC
 & MR ROBERTO SUSA
 1000 16 STREET
 MIAMI BEACH FLA**

1029

1. Michigan Manor Condominium, Inc. (General nature of business or activity)
 (Give exact name of corporation) 2. condominium

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 Ave., Miami Beach, Fla.
 (Officers-Name) (Title) (Address)
 b. JACK MARTIN Secretary 1590 Michigan Ave., Miami Beach, Fla.
 c. DAVID ROEDEN 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.
 h.

6. NORMAN E. SCHWARTZ 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 of resident agent)

7. Last meeting of Directors 7/16/64 8. Corporation Active? Yes 9. If inactive, inactivity began _____
 (Month - Day - Year) (Yes or No) (Month - Day - Year)

10. If inactive, will corporation begin business in the future? _____ 11. Date Incorporated June 10, 1964 12. If foreign corporation, Date Qualified in Fla. _____
 (Yes or No) (Month - Day - Year) (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.
Albert Frank
 By President or V-President

Attest: Jack Martin
 Secretary

STATE OF FLORIDA
 COUNTY OF DADE

Personally appeared before me ALBERT FRANK and JACK MARTIN
 who depose 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.

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

Notary Public, State of Florida
 (My Commission Expires Dec. 30, 1964)
 Bonded by _____

Signature of Notary taking acknowledgment

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

ORIGINAL

(SEE INSTRUCTIONS ON BACK OF LAST COPY)

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

~~*3-22-64*~~

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 for 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.

Table with 3 columns: OFFICERS, AFFIX TITLES: NAME, and SPECIFIC ADDRESS. Rows include Albert Frank (President), Jack Martin (Secretary), and David Roden (Treasurer).

Table with 2 columns: DIRECTORS: (THREE (3) required by law) NAME and SPECIFIC ADDRESS. Rows include Albert Frank, Jack Martin, and David Roden.

By: Albert Frank, President

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: David Roden, Resident Agent

Section 617.023, Florida Statutes, Office and resident agent. Every corporation organized hereunder shall maintain an office in this state with a resident agent thereat upon whom process may be served.

Filing Fee: \$1.00

RECEIVED MAR 22 AM 4:28 SECRETARY OF STATE FLORIDA

7-6089-20

POSTMASTER
 Check Reason for Non-Delivery
 Show, left no address
 Out of business
 No city address
 Unknown
 Closed for season
 Refused

Corporation Report for Foreign and Domestic Corporations

(Not For Profit and Exempt (Section 608.32(2), Florida Statutes)

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

RETURN REQUESTED

State of Florida
TOM ADAMS
 SECRETARY OF STATE
 Tallahassee, Florida

Refer to This Number
 in All Correspondence

23-09-NP-706869

MICHIGAN MANOR CONDOMINIUM INC
~~1000 ROBERTO SUEZ~~
 1000 16 STREET
 MIAMI BEACH FLA

Bx 751

(Handwritten signature and initials)

INSERT ZIP CODE IF NOT SHOWN

1. MICHIGAN MANOR CONDOMINIUM, INC. (General nature of business or activity)
 (Give exact name of corporation) **2. Condominium**

3. 1590 Michigan Avenue, Miami Beach, Dade, Florida
 (Street or Post Office Box of principal place of business) (City) (County) (State)

4. ALBERT FRANK, President 1590 Michigan Avenue, Miami Beach, Fla.
 (Officers Name) (Title) (Address)

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

DAVE RORDEN, TREASURER 1590 Michigan Avenue, Miami Beach, Fla.

5. ALBERT FRANK 1590 Michigan Avenue, Miami Beach, Florida
 (Directors - Name) (Law requires at least (3) three) (Address)

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

DAVE RORDEN, TREASURER 1590 Michigan Avenue, Miami Beach, Fla.

6. NORMAN K. SCHWARZ, 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 of resident agent)
 (Signature of resident agent)

Insurance companies are not to complete item 8 pursuant to Section 624.0221, Florida Statutes.

7. Last meeting of Directors 6/15/65 8. Corporation Active: Yes 9. Inactivity began
 (Month - Day - Year) (Yes or No) (Month - Day - Year)

10. If inactive, will corporation begin business in the future? 11. Date Incorporated 6/1/64 12. Date Qualified in Fla.
 (Yes or No) (Month - Day - Year) (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

(Signature of Albert Frank)
 By President or V-President

Attest *(Signature of Dave Rorden)*
 Secretary

STATE OF FLORIDA
 COUNTY OF DADE

Personally appeared before me ALBERT FRANK
 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.

Subscribed and sworn to before me this 18 day of June 1965.
 (Notary Seal) My Commission Expires Dec. 30, 1968

Corporation Report for Foreign and Domestic Corporations

(Not For Profit and Exempt (Section 608.32(2), Florida Statutes)

State of Florida
TOM ADAMS
SECRETARY OF STATE
Tallahassee, Florida

Refer to This Number
in All Correspondence

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

NP-06869

MICHIGAN MANOR CONDOMINIUM INC.
MR ROBERTO SUST
~~1000 10 STREET~~ 1590 MICHIGAN AVENUE
MIAMI BEACH FLA

89-000NP-706869

1. _____ (General nature of business or activity)
2. _____
(Give exact name of corporation)

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

4. a. _____ (Officers-Name) _____ (Title) _____ (Address)
b. _____
c. _____
d. _____
e. _____
f. _____

5. a. _____ (Directors - Name) (Law requires at least (3) three) _____ (Address)
b. _____
c. _____
d. _____
e. _____
f. _____

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)

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

By President or V-President _____

Attest: _____ Secretary

STATE OF _____
COUNTY OF _____

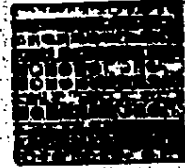
Personally appeared before me _____ who deposes and says that he executed this certificate for and in behalf of said corporation and that the statements herein contained is true and correct to the best of his knowledge and belief.

Swore to and subscribed before me this _____ day of _____ 19 _____

Signature of Notary taking acknowledgment

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

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



ADDRESS CORRECTION
REQUESTED
DATE DUE: JAN. 1, 1973
DATE DELINQUENT: MAR. 1, 1973

Please refer to this number for future correspondence regarding this corporation

706869-23-09 02/21/64
MICHIGAN MANOR CONDOMINIUM INC
MR ROBERTO SUSTI
1000 16 STREET
MIAMI BEACH FLA

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

PLEASE TYPE

CHANGE MAILING ADDRESS TO
Zip

1. Michigan Manor Condominium, Inc. Fed. Emp. I.D. No. 33139
(Exact Corporate Name)

3. 1000-16 Street Miami Beach Dade Florida
(Street Address of Principal Office in Fla.) (City) (County) (State) (Zip)

4. (a) Louis Wolk Pres.
(b) David Roeden Vice Pres.
(c) Jack Murray Sec/Treas.
(d)

(Directors, Trustees, Managers) (Street Address) (City) (State)

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

(Florida Division Agent Name) (Florida Street Address) (City) (State) (Zip)

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

13. I/W/E 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/W/E further declare that this report is true and correct.

(Corporate Seal)
Address Jack Murray Secy.
Secretary or Assistant Secretary

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

MICHIGAN MANOR COOP. INC. FLORIDA 1964

Return Original (with Filing Fee) to DEPARTMENT OF STATE
DRAWER 18
THE CAPITOL
TALLHASSEE, FLORIDA 32304

← SEAL

READ INSTRUCTIONS ON BACK

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

RICHARD (DICK) STONE
 Secretary of State
 THE CAPITOL
 TALLAHASSEE, FLA.
 32204

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 16 STREET~~
 MIAMI BEACH FLA

1590 Michigan Ave
 Miami Beach FLA 33139
 DATE DUE: JAN. 1, 1972
 DATE DELINQUENT: MAR. 1, 1972
 APR 5 7 PM '72

PLEASE TYPE 29 1726

Change Mailing Address to: 1590 Michigan Ave APR 5 '72
Miami Beach Fla Zip 33139

(Exact Corporate Name) Fed. Emp. I.D. No.
 1. Michigan Manor Condominium 2, Inc.
 (Street Address of Principal Office in Fla.) (City) (County) (State) (Zip)
 2. 1590 Michigan Ave Miami Beach Fla 33139
 (Office Name) (Title) (Street Address) (City)
 4.(a) Mrs. Bee A. Kaufman President 1590 Michigan Ave M.B.
 (b) Jack Murray
 (c) Frank S. Waldman Treas
 (d) _____
 (Directors, Trustees, Managers) (Street Address) (City)
 5.(a) Jack Murray 1590 Michigan Ave M.B. Fla.
 (b) Frank S. Waldman
 (c) Jack Murray
 (d) _____
 (Resident Agent Name) (Street Address) (City)
 6. _____

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

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

| Class or Type | Par or Stated Value | Shares Authorized | 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 ____/____/____

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.

Attest: _____ Secretary or Assistant Secretary
 By: Bee A. Kaufman, Pres President or Vice President

Return Original (with Tax Payment) to DEPARTMENT OF STATE
 THE CAPITOL
 TALLAHASSEE, FLORIDA 32304

READ INSTRUCTIONS ON BACK

READ INSTRUCTIONS ON BACK

PRIVILEGE TAX NON-PROFIT ENTITIES \$2.00

PRIVILEGE TAX NON-PROFIT ENTITIES \$2.00

PROFIT ENTITIES \$5.00

VALIDATION AREA - DO NOT WRITE IN THIS SPACE
 JUN 12 74 1 004 *****2.00

SECRETARY OF STATE
 RICHARD (DUCK) STONE
 P.O. BOX 6327
 TALLAHASSEE, FLA. 32301

DELINQUENT JULY 1, 1974
 YOUR IMMEDIATE RESPONSE
 SHALL BE APPRECIATED.

PAGE 1

PLEASE READ INSTRUCTIONS ON PAGE 2
 FILING FEES: \$5.00 PROFIT ENTITY \$2.00 NON-PROFIT

**ANNUAL REPORT
 FOR CORPORATIONS AND
 OTHER ENTITIES**

SECRETARY OF STATE
 RICHARD (DUCK) STONE
 P.O. BOX 6327
 TALLAHASSEE, FLA. 32301

(4) FED. EMP. ID. NO. 77-7777777 (SEE PAGE 4)

(5) SIC 0699 (SEE PAGE 4)

(6) PLEASE SEE ITEMIZED INSTR. ITEM NO.

(7) OFFICERS/DIRECTORS NAMES

| NAME | TITLE | STREET ADDRESS | CITY / STATE |
|--------------------------|-------|----------------|--------------|
| LOUIS WASK | | | |
| 1590 MICHIGAN AVE DEANGE | | | |
| MIAMI BEACH, FLA. 33139 | | | |

(8) FISCAL CLOSE OF ACCOUNTING PERIOD (MONTH)

(9) ADDRESS CHANGE AREA

(10) PRIMARY STOCK

(11) PAR. NO. OR STATED VALUE

(12) SHARES AUTHORIZED

(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

(14) RESIDENT AGENT SIGNATURE *John Mungy*

(15) TITLE *Ag. Sec.*

(16) TELE. NO. *531-0269*

ADDRESS CHANGE AREA

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

RESIDENT AGENT SIGNATURE *Richard Stone*

TITLE *Secy*

TELE. NO. *531-0269*

ANNUAL FILING FEES
 \$5.00—PROFIT CORP.
 \$2.00—NON-PROFIT CORP.

CORPORATION ANNUAL REPORT

SEP -2-75 1 282*****2.00

REMIT THIS FORM
& FILING FEE TO

SECRETARY OF STATE
 THE CAPITOL
 TALLAHASSEE, FLORIDA
 32304

DUE—JAN. 1 DELINQUENT—JULY 1 VALIDATION AREA - DO NOT WRITE IN THIS SPACE

① 706869 CHARTER NUMBER

② 02/21/1964 DATE INC. OR IF FOREIGN DATE QUALIFIED IN FLA.

③ SICC SEE ENVELOPE BACK 8699

④ FED. EMPLOYER ID. NO. []

⑤ FISCAL CLOSE OF ACCOUNTING PERIOD (MO) []

④a CHANGE TO: []

⑤a CHANGE TO: []

1974 YEAR OF LAST REPORT FILED IN THIS OFFICE

1975 YEAR(S) THIS REPORT COVERS

⑥ MICHIGAN MANOR CONDOMINIUM INC

EXACT NAME

IF RESIDENT AGENT AND/OR ADDRESS IS DIFFERENT, WRITE THIS OFFICE AT THE ABOVE ADDRESS FOR PROPER FORMS.

⑦ RESIDENT AGENT AND STREET ADDRESS

~~L. MURRAY~~ Jack Murray
 1590 MICHIGAN AVE
 MIAMI BEACH, FL 33139

DO NOT WRITE IN THIS SPACE FOR DIVISION USE ONLY

SEP 28 2 29 PM '75
 TALLAHASSEE, FLORIDA

mb 9/28

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

⑧ ADDRESS

706869 MICHIGAN MANOR CONDOMINIUM INC
 % MR RUBERTO SUSA
 1000 16 STREET
 MIAMI BEACH FLA

PLEASE READ INSTRUCTIONS ON BACK

⑧a CHANGE TO: []

NO P.O. BOX []

| OFFICERS/DIRECTORS NAMES | STREET ADDRESS | CITY / STATE | TITLE(S) |
|-------------------------------------|-------------------|--------------|-----------|
| MURRAY, JACK Betha Zelen | 1590 Michigan Ave | MIAMI, FL | PRES (Dw) |
| MURRAY, JACK Mary Loder | " | MIAMI, FL | V.P. |
| MURRAY, JACK | Sec. Treas | MIAMI, FL | SFC |
| | | | |
| | | | |
| | | | |

CAPITAL STOCK

⑩ []

⑪ CAPITAL STOCK (OR NUMBER & BOOK VALUE OF ALL CERTIFICATES OR INTEREST OR PARTICIPATION) CLASS OR TYPE PAR NO. PAR OR STATED VALUE SHARES AUTHORIZED NUMBER BOOK VALUE

⑫ 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

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.

AUTHORIZED SIGNATURE [Signature]

TITLE [] TEL. NO. []

DATE []

STRIKE THROUGH INCORRECT ENTRY AND TYPE CORRECT INFORMATION IN SPACE PROVIDED IMMEDIATELY BELOW LINE

706869



FLORIDA DEPARTMENT OF STATE
George Firestone
Secretary of State

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

February 14, 1986

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

Kenneth N. Rekart, 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:

1. Withdrawal of Charter.
2. Overpayment of filing fee.
3. Charter not on record in this office.
4. Overpayment of certification fee.
5. Filing fee previously paid.
6. No fee required.
7. No response to our letter of _____.
8. Overpayment of charter tax.
9. 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 (2-82)

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 6 | \$15.00 \$ 5.00 |

Requested by: _____
Authorized Signature

For Use by Fiscal Division

Paid by Revolving Fund Check No. _____

dated _____ amount _____

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 11 day of February 19 86.

Georgia Kiestra
(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 (1-441-0211)

() 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 TRESPASSOR, EXCEPT AS OTHERWISE PROVIDED HEREIN, AND NOT MORE THAN THREE YEARS
TO SUCH REFUND SHALL HAVE ACCRUED AS OF THE DATE THIS SHALL BE REVOKED." Three years is interpreted
as meaning three years from the date of payment into the State Treasury.

RECEIVED
Feb 19 11 49 AM '86
MRM DIVISION OF CORPORATIONS

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

GEORGINA C. RIESTRA
 1590 MICHIGAN AVE., APT. 7
 MIAMI BEACH, FL 33139

016 9504 12/13/85 10.00 12
 006 9504 12/13/85 5.00 4
 006 9504 12/13/85 20.00 TL

December 5, 1985

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

*Best
 refund
 app
 1/28/86*

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

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,

[Signature]
 Kenneth N. ReKant, P.A.
 KNR:sr

| | |
|-------------------|-----------------------|
| Name | <i>BR 12/3/85</i> |
| Availability | |
| Document Examiner | |
| Updater | |
| Transfer | |
| Ver. Syst. | |
| Assessment | |
| W. P. Ver. Syst. | |

** 3,94,38, 46, 129 215.00*



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

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
RECEIVED
JAN 27 1 58 PM '86
JAN 27 1 58 PM '86
MR. DIVISION DIRECTOR
TALLAHASSEE, FLORIDA

Miami Beach, 23 Jan 86

Annette 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, 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 Kistner
PRESIDENT ASSOC.

706869

PRINTOUT SENT _____

LETTER SENT _____

CUS JH 8-11-87

REINSTATEMENT

FILED 8-7-87

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 25

77 Annual Report 25

78 Annual Report 25

79 Annual Report 25

80 Annual Report 25

81 Annual Report 25

82 Annual Report 25

83 Annual Report 25

84 Annual Report 25

85 Annual Report 25

86 Annual Report 25

87 Annual Report 25

TOTAL \$ 408

Aug 7 9 42 AM '87
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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

NAME AVAILABLE JH

REINSTATED BY JH

UPDATER JH

UPDATER VERIFYER J. J. / 10

REFUND

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

SECRETARY OF STATE

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

706869 JH

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

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

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

| 1. Names of Officers and Directors | 2. Title | 3. Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers) | 4. City and State |
|------------------------------------|----------|---|-----------------------|
| Georgina Riestra | Pres. | 1590 Michigan Ave. Apt 7 | Miami Beach, FL 33139 |
| Maria Garcia | Treas. | 1590 Michigan Ave. Apt. 9 | Miami Beach, FL 33139 |
| Jack Morris | Sec. | 1590 Michigan Ave. Apt. 2 | Miami Beach, FL 33139 |

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 FL** Zip Code 85: **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 607.025 F.S.

SIGNATURE: Georgina Riestra DATE: **August 3, 1987**

(Registered Agent Accepting Appointment)

\$3.00 additional fee required for Registered Agent changes.

JH 8-7-87

10. 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 I Understand My Signature On This Report Shall Have the Same Legal Effects As If Made Under Oath (Officer's signature must be listed in Block 6).

Signature: Georgina Riestra Date: _____

Typed Name of Signing Officer: **Georgina Riestra** Title: **President** Telephone Number: **(305) 538-3056**

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

CERTIFICATE OF STATUS DESIRED JH 8-11-87

\$5 Additional Fee required for a Certificate of Status

CRS/COA (1/86)

FILE NOW! ANNUAL REPORT DELINQUENT AFTER JULY 1ST.

DO NOT WRITE IN THIS SPACE

CORPORATION

**ANNUAL REPORT
1988**



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

1300 FEB 25 PM 1:05

FLORIDA DEPARTMENT OF STATE
CORPORATION DIVISION
EXAMINER OF RECORDS

Filing Fee of \$25 Required — Make Checks Payable To: Secretary of State

1. Name and Address of Corporation Principal Office.

706869
MICHIGAN MANOR CONDOMINIUM INC
1590 MICHIGAN AVE.
APT. 7
MIAMI BEACH FLA 33139

159x

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

Street Address 21

1590 MICHIGAN AVENUE #6

P.O. Box No 22

MIAMI BEACH, FLORIDA 33139

City and State 23

Zip Code 24

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. Federal Employer Identification Number (FEIN)

5. Date of Last Report 08/07/1987

6. Names and Street Addresses of Each Officer and Director, as of December 31, 1987

| 1. Names of Officers and Directors | 2. Title | 3. Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers) | 4. City and State |
|------------------------------------|----------|---|-------------------|
| RIESTRA, GEORGINA | P | 1590 MICHIGAN AVE. #7 | MIAMI BCH, FL |
| GARCIA, MARIA | T | 1590 MICHIGAN AVE. #9 | MIAMI BCH, FL |
| MORRIS, JACK | S | 1590 MICHIGAN AVE. #2 | MIAMI BCH, FL |

REGISTERED AGENT INFORMATION

8. Name and Address of New Registered Agent

Name 81

SAME AS BEFORE

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

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

City and State 84

Zip Code 85

FL

7. Name and Address of Current Registered Agent

RIESTRA, GEORGINA

1590 MICHIGAN AVE

APT. 7

MIAMI BEACH, 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 607.025 FS.

SIGNATURE

(Registered Agent Accepting Appointment)

DATE

10. If a foreign corporation, date first transacted business in Florida

11. See signature instructions under instructions on reverse side of this form.
I Certify That I Am An Officer or Director of the Corporation, the Register of Trustee Empowered to Execute This Report as Required by Chapter 607 FS. I further Certify That I Understand My Signature On This Report Shall Have the Same Legal Effect As if Made Under Oath.
(Officer or Director signature must be inked in Block B.)

Signature

GEORGINA RIESTRA

Date

2/11/88

Typed Name of Signing Officer or Director

Title

PRESIDENT

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

NO CERTIFICATE NECESSARY
CERTIFICATE OF STATUS DESIRED

XXX

FILED 1988-02-25

ORDER 11/88

FILE YOUR ANNUAL REPORT DELINQUENT AFTER JULY 1ST

APPROVED

DO NOT WRITE IN THIS SPACE

CORPORATION
ANNUAL REPORT
1989



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

1989 MAR -2 11:03

FLORIDA DEPARTMENT OF STATE
CORPORATION DIVISION
TALLAHASSEE, FLORIDA

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

1. Name and Address of Corporation Principal Office:
ZIP + 4
706869 5
MICHIGAN MANOR CONDOMINIUM INC
1590 MICHIGAN AVE.
APT. #6
MIAMI BEACH FLA 33139-1595

2. Enter Change of Address of Corporation Principal Office, P.O. Box Number Alone is NOT Sufficient
Street Address 21
Same as above
P.O. Box No. 22
None
City and State 23
Miami Beach, Fla.
Zip Code 24
33139

3. Date Incorporated or Qualified To Do Business in Florida: 02/21/1964
4. Federal Employer Identification Number (FEIN):
5. Date of Last Report: 02/25/1988

6. Names and Street Addresses of Each Officer and Director, as of December 31, 1988

| 1. Title | 2. Names of Officers and Directors | 3. Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers) | 4. City and State | 5. |
|----------|------------------------------------|---|-------------------|----|
| P | RIESTRA, GEORGINA <i>P</i> | 1590 MICHIGAN AVE. #7 | MIAMI BCH, FL | |
| T | GARCIA, MARIA <i>P</i> | 1590 MICHIGAN AVE. #9 | MIAMI BCH, FL | |
| S | MORRIS, JACK <i>P</i> | 1590 MICHIGAN AVE. #2 | MIAMI BCH, FL | |

REGISTERED AGENT INFORMATION
7. Name and Address of Current Registered Agent
RIESTRA, GEORGINA
1590 MICHIGAN AVE
APT. 7
MIAMI BEACH, FL 33139

8. Name and Address of New Registered Agent
Bertha Zolner
Street Address 1 (Do NOT Use P.O. Box Numbers) 82
1590 Michigan Ave. #6
Street Address 2 (Do NOT Use P.O. Box Numbers) 83
Miami Beach, Florida 33139
same as above
City and State 84
Miami Beach FL
Zip Code 85
33139

9. Pursuant to the provisions of Sections 607.024 and 607.027, 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 of registered agent, or both, in the State of Florida. Such change was authorized by resolution duly adopted by its Board of Directors or other governing body on *2/19/88*. I hereby warrant the appointment of registered agent, I am familiar with, and assume the obligations of Section 607.025 FS.

SIGNATURE: *Bertha Zolner* DATE: _____
(Registered Agent Accepting Appointment)

10. If a foreign corporation, state and translated business of Florida: _____

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

(Certify That I Am an Officer or Director of the Corporation, the Receiver or Trustee, or Empowered to Execute This Report as Required by Chapter 607 FS. Further Certify That I Understand My Signature On This Report Shall Have the Same Legal Effect as if Made Under Oath. (Officer or Director Signature must be used in Block 8))
Signature: *Bertha Zolner* Date: *2/7/89*
Title: *President* Telephone Number: *1-305-538-3010*
BERTHA ZOLNER

5025213

CRF004 (1-88)

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
TALLAHASSEE, FLORIDA

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

1. Name and Address of Corporation Principal Officer: **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.

2. If Address in Block 1 is incorrect in any way, enter the correct address below. PO Box number alone is NOT sufficient. The NAME of the corporation can be changed only by filing an amendment.

Street Address 21

P.O. Box No. 22

City and State 23

Zip Code 24

3. Date Incorporated or Qualified To Do Business in Florida: **02/21/1984**

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.)

| 1 Title | 2 Names of Officers and Directors | 3 Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers) | 4 City and State | 5 |
|---------|--|--|------------------|---|
| D/P | RIESTRA, GEORGINA Kates, Steven | 1590 MICHIGAN AVE. #6 | MIAMI BCH, FL | |
| T/D | GARCIA, MARIA Gil De Montes, Maria | 1590 MICHIGAN AVE. #2 | MIAMI BCH, FL | |
| S/D | MORRIS, JACK Civale, Sandra | 1590 MICHIGAN AVE. #5 | MIAMI BCH, FL | |
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REGISTERED AGENT INFORMATION

8. Name and Address of New Registered Agent

7. Name and Address of Current Registered Agent

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

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** FL Zip Code 85: **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: *[Signature]*
(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 prepare this report as required by Chapter 607, FS.

Signature

Date

Typed Name of Signing Officer or Director

Title

Telephone Number

Steven Kates

President

(305) 672-2445

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

CERTIFICATE OF STATUS DESIRED

CC-A Annual Fee
\$35.00
\$35.00

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

MARKED

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

Read Instructions on Other Side Before Making Entries
FILING FEE OF \$61.25 REQUIRED

DO NOT WRITE IN THIS SPACE

1. Name and Mailing Address of Corporation: **DOCUMENT #706869 (5)**
ZIP + 4 PRESORT
MICHIGAN MANOR CONDOMINIUM INC
1590 MICHIGAN AVE.
APT # 2
MIAMI BEACH FLA 33139-3325

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.

21. Street Address

PPT # 2

22. P.O. Box No.

23. City and State

24. Zip Code

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

65-0011492

FEI Number Applied For

5

\$8.75 Additional Fee required for a Certificate of Status

FEI Number Not Applicable

CERTIFICATE OF STATUS DESIRED

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

| 1. Title | 2. Name of Officers and Directors | 3. Street Address of Each Officer and Director (Do NOT Use P.O. Box Numbers) | 4. City and State |
|------------|--|--|----------------------|
| D/P | KATES, STEVEN | 1590 MICHIGAN AVE. #6 | MIAMI BCH, FL |
| T/D | GIL DE MONTES, MARIA NOVEL RENE | 1590 MICHIGAN AVE. #2 | MIAMI BCH, FL |
| S/D | GIVALE, SANDRA | 1590 MICHIGAN AVE. #5-2 | MIAMI BCH, FL |
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| | | | |
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REGISTERED AGENT INFORMATION

7. Name and Address of Current Registered Agent

KATES, STEVEN
1590 MICHIGAN AVE. #2
MIAMI BEACH, FL. 33139

8. I warrant to the provisions of Sections 607.001 through 607.004, Florida Statutes, that the above named agent is a resident of this state and is qualified to act as a registered agent of this corporation in this state. I hereby accept the responsibility of registered agent. I am a resident of this state and accept the office of registered agent of this corporation.

SIGNATURE

[Signature]

(Registered Agent Accepting Appointment)

SIGNATURE

[Signature]

Type Name of Signed Officer or Director

STEVEN A. KATES

Title

President

FILING FEE OF \$61.25 REQUIRED—Make Checks Payable To: Secretary of State \$8.75 Additional Fee required for a Certificate of Status

2ND NOTICE FILE NOW! CORPORATION WILL BE DISSOLVED ON OR AFTER OCTOBER 7, 1992.

CORPORATION
ANNUAL REPORT
1992



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

AB82592

APPROVED
SEC. OF STATE
CORPORATIONS DIV.
TALLAHASSEE, FLA.
FILED

FILING FEE \$61.25 Make Payable To: Secretary of State

DO NOT WRITE IN THIS SPACE

1. Name and Mailing Address of Corporation: **DOCUMENT #706869 (5)**

MICHIGAN MANOR CONDOMINIUM INC
1590 MICHIGAN AVE APT 2
MIAMI BEACH FL 33139-3325

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

| | | |
|----|-----------------|-------------|
| 21 | Mailing Address | |
| 22 | P.O. Box No. | |
| 23 | City and State | 24 Zip Code |

If above address is incorrect in any way, line through the incorrect information and enter correct address in Block 2.

3. Date Incorporated or Qualified To Do Business in Florida **02/21/1964**

| | | | |
|--|------------------------------------|---------------------------|--|
| 3a. Date of Last Report 03/21/1991 | 4. FEI Number 65-0011492 | FEI Number Applied For | 5. \$8.75 Annual Franchise Fee <input type="checkbox"/> CERTIFICATE OF STATUS DESIRED |
| | | 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.)

| 1 | 2 | 3 | 4 |
|-------|---------------------------------|--|--------------------------|
| Title | Names of Officers and Directors | Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers) | City and State |
| 1 | B/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 | 1590 MICHIGAN AVENUE, #2 | MIAMI BCH, FL |
| 4 | P Riestra, ARMANDO | 1590 MICHIGAN ^{#7} AV | MIAMI BEACH, FL |
| 5 | | | |
| 6 | | | |

REGISTERED AGENT INFORMATION

7. Name and Address of Current Registered Agent
KATES, STEVEN
1590 MICHIGAN AVE. #2
MIAMI BEACH, FL. 33139

8. Name and Address of New Registered Agent

| | |
|---|--------------------------------|
| 01 Name | RENE NUNEZ |
| 02 Street Address (Do NOT Use P.O. Box Numbers) | 1590 Michigan Ave apt 2 |
| 03 Street Address (Do NOT Use P.O. Box Numbers) | Miami Beach |
| 04 City | FL. |
| 05 Zip Code | 33139 |

9. I, the undersigned, a resident of the State of Florida, being duly qualified, do hereby certify that the above named corporation exists in this state and for the purpose of its principal or principal activity, or both, in this State of Florida. Such change was authorized by the corporation's board of directors. I hereby declare the above contents as true and correct and signed in the presence of the Secretary of State, Florida Statutes.

RECEIVED BY ME AT MY SIGNATURE *x Rene Nunez* s/d DATE **8/20/92**

10. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No

11. I certify that the information indicated on this annual report or supplement thereto is true and correct and that my signature shall have the same legal effect as if done by myself. I understand that any person who furnishes or causes the filing of this report or supplement to be made that is not as required by Chapter 689 of the Corporate Code of Florida is guilty of a misdemeanor. I hereby certify that I am a resident of the State of Florida.

SIGNATURE *x Rene Nunez* s/d DATE **8/20/92**

Print Name of Secretary of State or Director: **RENE NUNEZ SR DIRECTOR** (305) 534-8859

12. Should you wish to contribute to the Election Campaign Financing **ND**

CR-333A (8-92)

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 - M. Beach
S/D — Rene Nunez Apt. # 2 - M. Beach.

Block # 6

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

6/25

**CORPORATION
ANNUAL REPORT
1993**



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

MAY-1993

APPROVED
SEC. OF STATE
CORPORATIONS DIV.
TALLAHASSEE, FLA.
FILED

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

DO NOT WRITE IN THIS SPACE

| | |
|---|--|
| 3. Date incorporated or Created 02/21/1964 | 3a. Date of Last Report 08/25/1992 |
| 4. FEI Number 650011492 | Applied For Not Applicable |
| 5. Certificate of Status Due? <input type="checkbox"/> | \$8.75 |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/> | \$138.75 Supplemental Fee Not Required |
| 8. This corporation has liability for a tangible tax under S. 193.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | |

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

| | |
|--------------------------|-------------------------------|
| 2. Mailing Address | 2a. Precise Place of Business |
| 21. 1590 Michigan Ave #2 | 26. Same |
| 22. APT Num 2 | 27. Same |
| 23. Miami Beach-FL | 28. Same |
| 24. 33139 | 29. U S A |

9. Name and Address of Current Registered Agent

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

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

11. Nonprofits with Federal EIN 501(c)(3) and not a State or Federal Government Entity: Florida Statutes, this above named corporation submits this statement in compliance with regulation 19C.001, which requires a report of such information to the Secretary of State. Such filing was authorized by the corporation's board of directors. It is hereby certified that the information is true and correct and is being filed in compliance with the provisions of Section 193.032, Florida Statutes.

DATE **2-18-1993**

| 12. OFFICERS AND DIRECTORS | | 13. OFFICERS AND DIRECTORS CHANGES | |
|----------------------------|--|------------------------------------|---|
| NAME | P/D RIESTRA, ARMANDO 1590 MICHIGAN AVE #7 MIAMI BEACH FL | NAME | P/D RIESTRA, ARMANDO 1590 Michigan Ave #7 MIAMI, BEACH, FL 33139 |
| NAME | T/D GIL DE MONTES, MARIA 1590 MICHIGAN AVE. #2 MIAMI BCH FL | NAME | T/D GIL DE MONTES, MARIA 1590 Michigan Ave. #2 Miami Beach, FL 33139 |
| NAME | S/D NUNEZ, RENE 1590 MICHIGAN AVENUE, #2 MIAMI BCH FL | NAME | S/D Nunez, Rene 1590 Michigan Ave. #2 Miami Beach, FL 33139 |

14. Signature of Officer or Director: *René Nunez* S/D DATE **2-18-93**
 (305) 534-8859

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

94 AUG 15 PM 3:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1994

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

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

If above addresses are incorrect in any way, line through incorrect information and enter correction below

2. Mailing Address
21 State, Apt. #, etc.
22 City & State
23 Zip Country

2a. Principal Place of Business
26 State, Apt. #, etc.
27 City & State
28 Zip Country

3. Date Incorporated or Qualified
02/21/1964

3a. Date of Last Report
05/01/1993

4. FEI Number
65-0011492

5. Certificate of Status Desired
\$3.75

6. Election Campaign Financing Trust Fund Contribution
\$5.00 May Be Added to Fees

7. Nonprofit Exempt from \$138.75 Supplemental Fee

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

9. Name and Address of Current Registered Agent
**MUNEZ 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 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 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 or 617.0503, Florida Statutes.

SIGNATURE: *[Signature]* DATE: **5/31/94**

12. OFFICERS AND DIRECTORS

1.1 TITLE: **P/D**
1.2 NAME: **RIESTRA ARMANDO**
1.3 STREET ADDRESS: **1590 MICHIGAN AVENUE #7**
1.4 CITY - ST - ZIP: **MIAMI BEACH FL**

2.1 TITLE: **P/D**
2.2 NAME: **DE MONTES MARA**
2.3 STREET ADDRESS: **1590 MICHIGAN AVENUE #2**
2.4 CITY - ST - ZIP: **MIAMI BEACH FL**

3.1 TITLE: **P/D**
3.2 NAME: **MUNEZ RENE**
3.3 STREET ADDRESS: **1590 MICHIGAN AVENUE #2**
3.4 CITY - ST - ZIP: **MIAMI Bch FL**

13. CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE: **P/D**
1.2 NAME: **Ney Collazos**
1.3 STREET ADDRESS: **507 NE 38 ST**
1.4 CITY - ST - ZIP: **MIAMI, FL. 33137**

2.1 TITLE: **P/D**
2.2 NAME: **DICTINIA RODRIGUEZ**
2.3 STREET ADDRESS: **1590 Michigan Ave. #11**
2.4 CITY - ST - ZIP: **MIAMI Bch FL**

3.1 TITLE: **P/D**
3.2 NAME: **LUZ CARDONA**
3.3 STREET ADDRESS: **1590 Michigan Ave. #5**
3.4 CITY - ST - ZIP: **Miami Bch, FL**

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(2)(A), Florida Statutes. I declare the Division of Corporations from any liability of non-compliance with Section 119.07(2)(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 if made under oath. 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 receiver or trustee empowered to execute the duties 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: *[Signature]* **LUZ CARDONA** / 5/31/94 (305) 443-3820
SECTION

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

CORPORATION
ANNUAL REPORT
1995 5-195



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

APPROVED
AND
FILED

95 MAY -1 PM 12:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 706869 (5)
1. Corporation Name
MICHIGAN MANOR CONDOMINIUM INC

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

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 65-0011482 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 State, Apt. #, etc. 26 State, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

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 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 _____
Legal name, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when renewing.

12. OFFICERS AND DIRECTORS

| | |
|----------------|-----------------------|
| TITLE | PD |
| NAME | COLLAZOS, NEY |
| STREET ADDRESS | 507 NE 38 ST |
| CITY - ST - ZP | MIAMI FL |
| TITLE | TD |
| NAME | RODRIGUEZ, DICTINA |
| STREET ADDRESS | 1590 MICHIGAN AVE #11 |
| CITY - ST - ZP | MIAMI FL |
| TITLE | SD |
| NAME | LUZ, CARDONA |
| STREET ADDRESS | 1590 MICHIGAN AVE #5 |
| CITY - ST - ZP | MIAMI FL |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZP | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|-------------------|---|
| 11 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 NAME | |
| 13 STREET ADDRESS | |
| 14 CITY - ST - ZP | |
| 21 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22 NAME | |
| 23 STREET ADDRESS | |
| 24 CITY - ST - ZP | |
| 31 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32 NAME | |
| 33 STREET ADDRESS | |
| 34 CITY - ST - ZP | |
| 41 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 42 NAME | |
| 43 STREET ADDRESS | |
| 44 CITY - ST - ZP | |
| 51 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 52 NAME | |
| 53 STREET ADDRESS | |
| 54 CITY - ST - ZP | |
| 61 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 62 NAME | |
| 63 STREET ADDRESS | |
| 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 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: *[Signature]* DATE: 4/11/95 PHONE: (305) 673-3919