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**FILED**  
**Apr 29, 1999 8:00 am**  
**Secretary of State**

04-29-1999 90028 011 \*\*\*\*61.25

0035405

NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1999**



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

**DOCUMENT # 709558**

1. Corporation Name  
**1100 ALTON ROAD CONDOMINIUM APARTMENTS, INC.**

Principal Place of Business  
**1100 ALTON ROAD  
 APT. 5-E  
 MIAMI BEACH FL 33139  
 US**

Mailing Address  
**% CARL FISHER 108  
 P.O. BOX 396806  
 MIAMI BEACH FL 33239-9806**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		<b>09/09/1965</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		<b>59-1142913</b>	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		<b>\$8.75 Additional Fee Required</b>	
Zip	Country	Zip	Country	6. Election Campaign Financing <input type="checkbox"/>	
24		29		<b>\$5.00 May Be Added to Fees</b>	
25		30			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>ORFILA, IRMA                  1100 ALTON ROAD                  APT. 5-E                  MIAMI BEACH FL 33139</b>				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	<b>FL</b>	85

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

SIGNATURE		Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)		DATE	
12. OFFICERS AND DIRECTORS					
TITLE	PD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BENITEZ, CARLOS		1.2 NAME		
STREET ADDRESS	1100 ALTON ROAD 4F		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH FL		1.4 CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	QUINTANA, JULIO		2.2 NAME		
STREET ADDRESS	1100 ALTON RD., #4A		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH FL		2.4 CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ORFILA, IRMA		3.2 NAME		
STREET ADDRESS	1100 ALTON ROAD #5E		3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH FL		3.4 CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	TORRES, WILFREDO		4.2 NAME		
STREET ADDRESS	1100 ALTON RD., #3B		4.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH FL		4.4 CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ORFILA, IRMA		5.2 NAME		
STREET ADDRESS	1100 ALTON RD., #5E		5.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH FL		5.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.073(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address, with a l other like empowered.

**SIGNATURE:** *IRMA ORFILA* **SIGNATURE REQUIRED** *Irma Orfila* **4/22/99 (305) 531-7210**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **TREASURER** Date Daytime Phone #

CR2E037 (11/98)