FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR -8 PM 3:15

DOCUMENT # 719117 (4)

1. Corporation Name
RENE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
7634 "E" S.W. 55 AVENUE MIAMI FL 33143	7634 "E" S.W. 55 AVENUE MIAMI FL 33143

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/09/1970
3a. Date of Last Report: 04/21/1994
4. FEI Number: 59-1299992 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No

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

9. Name and Address of Current Registered Agent

GONZALEZ, BARBARA M
7721 SW 56TH AVE
MIAMI FL 33143

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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE	D	☐ Change ☑ Addition
NAME	LESPERANCE, ROBERT	1.2 NAME	CARLOS, MARIN	
STREET ADDRESS	7620 SW 55 AVE	1.3 STREET ADDRESS	7634 SW 55 AVE	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	MIAMI, FL	
TITLE	P,D,VP/TREAS.	2.1 TITLE	D	☐ Change ☑ Addition
NAME	GONZALEZ, BARBARA M	2.2 NAME	JIM PADRON	
STREET ADDRESS	7721 SW 56 AVE	2.3 STREET ADDRESS	5530 SW 76 ST.	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	MIAMI, FL	
TITLE	D	3.1 TITLE	D	☐ Change ☑ Addition
NAME	LOUNDERS, CHARLIE	3.2 NAME	MATTHEW LIVINGSTONE	
STREET ADDRESS	7735 SW 56 AVE	3.3 STREET ADDRESS	7735 SW 56 AVE	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	MIAMI, FL	
TITLE	D	4.1 TITLE	P	☑ Change ☐ Addition
NAME	BRUNNER, DAVID	4.2 NAME	JOHN ASGEIRSON	
STREET ADDRESS	5510 SW 76 STR	4.3 STREET ADDRESS	5510 SW 76 ST.	
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	MIAMI, FL	
TITLE	V	5.1 TITLE		☐ Change ☐ Addition
NAME	KENT, MARTHA	5.2 NAME		
STREET ADDRESS	7634 SW 55 AVE	5.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP		
TITLE	ST	6.1 TITLE		☐ Change ☐ Addition
NAME	TAKSIER, CANDACE	6.2 NAME		
STREET ADDRESS	7720 SW 55 AV	6.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33143	6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: BARBARA M. GONZALEZ Barbara M Gonzalez 1/23/95 (305)661-5952
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0042400