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

APPROVED AND FILED

95 MAY -1 PM 4:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 719519 (1)

1. Corporation Name

THE PRESIDENTIAL CONDOMINIUM OWNERS ASSOCIATION, INC.

Principal Place of Business / Mailing Address

401 OCEAN DRIVE ROOM 200
MIAMI BEACH, FLORIDA 33139

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/15/70
3a. Date of Last Report: 1/31/94
4. FEI Number: 59-1303251 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address	5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
21 401 OCEAN DRIVE	26 401 OCEAN DRIVE	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
22 ROOM 200	27 ROOM 200	
City & State	City & State	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
23 MIAMI BEACH, FLORIDA	28 MIAMI BEACH, FLORIDA	
Zip / Country	Zip / Country	8. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☐ Yes ☒ No
24 33139 / 25	29 33139 / 30	

9. Name and Address of Current Registered Agent

CHRISTINA de AUER, PRESIDENT
401 Ocean Drive Room 200
Miami Beach, Florida 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 C. de Auer, PRESIDENT 05/23/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRESIDENT	11 TITLE	☐ Change ☐ Addition
NAME	Christina de Auer "D"	12 NAME	700001518197
STREET ADDRESS	401 Ocean Drive Apt. 617	13 STREET ADDRESS	-06/20/95--01111--016
CITY-ST-ZIP	Miami Beach, Florida 33139	14 CITY-ST-ZIP	****130.00 ****130.00
TITLE	VICE-PRESIDENT	21 TITLE	☐ Change ☐ Addition
NAME	Roberto Gomez "D"	22 NAME	
STREET ADDRESS	401 Ocean Drive Apt. 1021	23 STREET ADDRESS	
CITY-ST-ZIP	Miami Beach, Florida 33139	24 CITY-ST-ZIP	
TITLE	TREASURER	31 TITLE	☐ Change ☐ Addition
NAME	Juan Vilaseca "D"	32 NAME	
STREET ADDRESS	401 Ocean DRive Apt. 1020	33 STREET ADDRESS	
CITY-ST-ZIP	Miami Beach, Florida 33139	34 CITY-ST-ZIP	
TITLE	SECRETARY	41 TITLE	☐ Change ☐ Addition
NAME	Miriam Rapaport "D"	42 NAME	
STREET ADDRESS	401 Ocean Drive Apt. 916	43 STREET ADDRESS	
CITY-ST-ZIP	Miami Beach, Florida 33139	44 CITY-ST-ZIP	
TITLE	DIRECTOR	51 TITLE	REMITTED BY MAY 1 ☐ Change ☐ Addition
NAME	Maria Farmiga "D"	52 NAME	
STREET ADDRESS	401 Ocean Drive Apt. 914	53 STREET ADDRESS	
CITY-ST-ZIP	Miami Beach, Florida 33139	54 CITY-ST-ZIP	
TITLE	DIRECTOR	61 TITLE	☐ Change ☐ Addition
NAME	Theodore April "D"	62 NAME	AP 6/19
STREET ADDRESS	401 Ocean Drive Apt. 518	63 STREET ADDRESS	
CITY-ST-ZIP	Miami Beach, Florida 33139	64 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: C. de Auer Christina de Auer (President) 05/23/95 (305) 673-4965
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #