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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

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

DOCUMENT # **724252** **(2)**

1. Corporation Name
VALENCIA TERRACE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
6825 WEST FLAGLER STREET MIAMI FL 33144-2830 US	6825 WEST FLAGLER STREET MIAMI FL 33144-2830 US

3. Date Incorporated or Qualified: 09/01/1972

4. FEI Number: 59-1432062 ☐ 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. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ 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

HERNANDEZ, ISHMAEL
6825 W. FLAGLER #405
MIAMI FL 33144

10. Name and Address of New Registered Agent

31 Name: Amparo P. Poyle
32 Street Address (P.O. Box Number is Not Acceptable): 6825 W. Flagler St. # 309
33 City: Miami, Florida 34 FL 35 Zip Code: 33144

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: Amparo P. Poyle, Secretary — Amparo P. Poyle — DATE: 2/23/98
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D VIERA, IRMA P. 6825 W FLAGER ST #A310 MIAMI, FL 00000	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	P/D Galvez, Santiago 6825 W Flagler # 406 Miami, FL 33144	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MATA, MARIA L. 6825 W FLAGLER ST. #202 MIAMI FL	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	T/D Anguita, Silvia 6825 W Flagler # 108 Miami, FL 33144	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HERNANDEZ, ISMAEL 6825 W FLAGLER ST, SUITE 405 MIAMI FL	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	S/D Poyle, Amparo 6825 W Flag ler St. # 309	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP GALVEZ, SANTIAGO 6825 W FLAGLER ST, SUITE 406 MIAMI, FL 00000	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	V/P Hernandez, Ismael 6825 W Flagler St # 405 Miami, FL 33144	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VS GUTIERREZ, MARISA 6825 WEST FLAGLER STREET #303 MIAMI FL 33144-2830	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	V/T Galvez, Luisa 6825 W Flagler St. # 406 Miami, FL 33144	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VT GALVEZ, LUISA 6825 WEST FLAGLER STREET #406 MIAMI FL 33144-2830	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	V/S Edith de Villiers 6825 W Flagler St. # 106 Miami, FL 33144	☐ Change ☒ Addition

CR2E037 (10/97)

14. I hereby certify that the information supplied with this filing 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: Amparo P. Poyle, Secretary — Amparo P. Poyle — 2/23/98 — (305)264-3844
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # optional