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**Mar 10, 1999 8:00 am**  
**Secretary of State**

03-10-1999 90107 030 \*\*\*\*61.25

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**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



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

**DOCUMENT # 724254**

1. Corporation Name

**MADRID TERRACE CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

6820 WEST FLAGLER ST.  
MIAMI FL 33144-2831

Mailing Address

6820 WEST FLAGLER ST.  
MIAMI FL 33144-2831



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

09/01/1972

4. FEI Number

59-1520152

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

9. Name and Address of Current Registered Agent

LOPEZ, ENRIQUE  
6820 W FLAGLER APT 106  
APT. 307  
MIAMI FL 33144

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 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 ☐ DELETE  
NAME LOPEZ, ENRIQUE  
STREET ADDRESS 6820 W FLAGLER APT 106  
CITY-ST-ZIP MIAMI FL

TITLE PD ☒ DELETE  
NAME DIAZ, OSVALDO  
STREET ADDRESS 6820 W FLAGLER ST APT 306  
CITY-ST-ZIP MIAMI FL

TITLE VS ☒ DELETE  
NAME QUEVEDO, GABRIEL  
STREET ADDRESS 6820 W FLAGLER APT 209  
CITY-ST-ZIP MIAMI FL

TITLE TD ☒ DELETE  
NAME ORTA, CORTINA EVELIO  
STREET ADDRESS 6820 W FLAGLER APT 105  
CITY-ST-ZIP MIAMI FL

TITLE SD ☒ DELETE  
NAME CORTAZAR, ESTHER  
STREET ADDRESS 6340 SW 22 ST  
CITY-ST-ZIP MIAMI FL

TITLE CT ☐ DELETE  
NAME AVILES, LUIS  
STREET ADDRESS 6820 W FLAGLER APT 312  
CITY-ST-ZIP MIAMI FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME VP  
2.3 STREET ADDRESS HEBERTO, GARCIA  
2.4 CITY-ST-ZIP 6420 W. FLAGLER APT. 213  
MIAMI, FL.

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition  
4.2 NAME TD  
4.3 STREET ADDRESS GRAS, RICARDO D.  
4.4 CITY-ST-ZIP 6420 W. FLAGLER APT. 403  
MIAMI, FL.

5.1 TITLE ☒ Change ☐ Addition  
5.2 NAME SD  
5.3 STREET ADDRESS GABRIEL QUEVEDO  
5.4 CITY-ST-ZIP 6420 W. FLAGLER APT. 209  
MIAMI, FL.

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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 119.07(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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/3/99 (305) 264-1826  
Date Daytime Phone #

CR2E037 (11/98)