FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 725464

DOUGLAS TOWER CONDOMINIUM INC

Prin	cipal	Place	of Busine	3
901	S.W.	37TH	AVENUE	

Mailing Address

Feb 24, 1999 8:00 am § Secretary of State

02-24-1999 90034 014 ****61.25

901 S.W. 37TH MIAMI FL 3313		901 S.W. 377H AVENUE MIAMI FL 33135			
2. Principal Pi	ace of Business	2a. Mailing Address	- 	3. Date Incorporated or Qualifed 02/05/1973	
21		26		4. FEI Number	Applied For
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		59-1467558	Not Applicable
City & State	<u> </u>	City & State			\$8.75 Additional
23	5	28		5. Certifcate of Status Desired ·	Fee Required
Zip	Country	Zip	Country	6. Election Campaign Financing	\$5.00 May Be
24	25	29 30	<u> </u>	Trust Fund Contribution	Added to Fees
	9. Name and Address of Curre	nt Registered Agent		10. Name and Address of New Registe	red Agent
			81 Name	deros, CARLOS	·
ALONSO,	GLORIA		82 Street Ad	dress (P.O. Box Number is Not Acceptable)	
901 SW 3	7TH AVE			SW 37th AVE	·
APT. 41			83 Ap	<i>t 54</i>	`
MIAMI FL	33135		84 City	114111	EL 85 Zip Code 30134
11. Pursuant	to the provisions of Sections 617.05	02 and 617.1508, Florida Statutes,	the above-named con	maretian cultimits this statement for the nurnos	e of changing its registered
office or re	egistered agent or both in the State	of Florida, Such change was authors of Section 617,0593. Florida	orized by the corpora	tion's board of directors. I hereby accept the a	opointment as registered
l .	The same of the sa	(AQ)	105 T. H	lederos. Ili	2198.
SIGNATURE	Signature, typed or printed teme of registered ag-	ent and title if applicable. (NOTE: Re	egistered Agent signature requ	ired when reinstating) DATI	
12.	OFFICERS A	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	
TITLE	SD	Z DELETE	1.1 TITLE	50	Change Addition
NAME	ALVAREZ, FAUSTO		1.2 NAME	UTIERREZ, GERARO	1pf 24
STREET ADDRESS	901 S W 37TH AVE APT 46		1.3 STREET ADDRESS	701 300 31 11 11 - 1	<i>//</i>
CiTY-ST-ZIP	MIAMI, FL 00000			MIAMI FL BBIBY	Change Addition
TITLE	VD	☐ DELETE	2.1 TITLE		Citalide T vocitori
NAME	RODRIGUEZ, EDWARD		2.2 NAME		•
STREET ADDRESS	901 SW 37TH AVE. APT 22		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 00000 33135	NA PEREZE	2.4 CITY-ST-ZIP	Pa Pa	Change Addition
TITLE	PD	DELETE	3.1 TITLE	DALEROS CARLOS	M Change
NAME	ALONO, GLORIA		3.2 NAME	nederos, CARLOS noi SW 27th AVE Ap	of 44
STREET ADDRESS	901 SW 37TH AVE APT. 41		3.3 STREET ADDRESS	MIAMI FL 3318	/ *
CITY-ST-ZIP	MIAMI, FL 00000 33135	☐ DELETE		rp	Change Addition
TITLE		□ betere	4,1 1112	LAGE MARIA	
NAME			4. 2 NAME 4.3 STREET ADDRESS	KAGE, MARIA 901 SW 87th AVA A	AT (3
STREET ADORESS			4.3 STREET ALUKESS	MIAMI, FL 3313,	<u></u>
CITY-ST-ZIP		☐ DELETE	4.4 CITY-ST-ZIP 5.1 TITLE	11141111	☐ Change ☐ Addition
NAME			5.2 NAME		
			5.3 STREET ADDRESS		
STREET ADDRESS			5.4 CITY-ST-ZIP		
CITY-ST-ZIP TITLE		□ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME		<u> </u>	6.2 NAME		
OTDEET ADDRESS			6.3 STREET ADDRESS		, ,

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.

6.4 CITY-ST-ZIP