

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # 731512 (0)**  
1. Corporation Name  
**SALZEDO PLAZA, A CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business  
**1100 SALZEDO STREET  
CORAL GABLES FL 33134**

Mailing Address  
**1100 SALZEDO STREET  
CORAL GABLES FL 33134**

3. Date Incorporated or Qualified  
**12/17/1974**

3a. Date of Last Report  
**04/24/1995**

4. FEI Number  
**59-1660324**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business  
**21** Suite, Apt. #, etc.  
**22** City & State  
**23** Zip **25** Country

2a. Mailing Address  
**26** Suite, Apt. #, etc.  
**27** City & State  
**28** Zip **30** Country

9. Name and Address of Current Registered Agent

**MUCCIO, LLOYD  
1100 SALZEDO ST  
APT 1D  
CORAL GABLES FL 33134**

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	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
VT	PORTU, ANTONIA	1100 SALZEDO ST 3A	CORAL GABLES, FL 00000	<input type="checkbox"/>
SD	HERNANDEZ, MARIA	1100 SALZEDO ST 1-A	CORAL GABLES, FL 00000	<input type="checkbox"/>
VP	MUCCIO, LLOYD	1100 SALZEDO ST., 1D	CORAL GABLES FL	<input type="checkbox"/>
XP	BRAY, AUCIA	1100 SALZEDO ST 2	CORAL GABLES, FL 00000	<input type="checkbox"/>
T	NOEMA AGUERO	1100 SALZEDO ST., 1C	CORAL GABLES FL	<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	Change	Addition
1.1	1.2	1.3	1.4	<input type="checkbox"/>	<input type="checkbox"/>
2.1	2.2	2.3	2.4	<input type="checkbox"/>	<input type="checkbox"/>
3.1	3.2	3.3	3.4	<input type="checkbox"/>	<input type="checkbox"/>
4.1	4.2	4.3	4.4	<input type="checkbox"/>	<input type="checkbox"/>
5.1	5.2	5.3	5.4	<input type="checkbox"/>	<input type="checkbox"/>
6.1	6.2	6.3	6.4	<input type="checkbox"/>	<input type="checkbox"/>

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)(k), 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:

*Noema Aguero*  
NOEMA AGUERO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/10/96

DATE

305-443-2364

DAYTIME PHONE #

CR2E037 (3/96)