


FILE NOW: FILING FEE IS \$61.25

FILED  
Apr 15 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **731512** (0)  
1. Corporation Name  
**SALZEDO PLAZA, A CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business <b>1100 SALZEDO STREET CORAL GABLES FL 33134</b>	Mailing Address <b>1100 SALZEDO STREET CORAL GABLES FL 33134</b>
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3. Date Incorporated or Qualified

**12/17/1974**

4. FEI Number

**59-1660324**

Applied For

Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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	PDAT <input type="checkbox"/> DELETE
NAME	<b>PORTU, ANTONIA</b> <i>Antonia Portu</i>
STREET ADDRESS	<b>1100 SALZEDO ST 3A</b>
CITY-ST-ZIP	<b>CORAL GABLES, FL 00000</b>
TITLE	SD <input type="checkbox"/> DELETE
NAME	<b>HERNANDEZ, MARIA</b> <i>Maria Hernandez</i>
STREET ADDRESS	<b>1100 SALZEDO ST 1-A</b>
CITY-ST-ZIP	<b>CORAL GABLES, FL 00000</b>
TITLE	VPO <input type="checkbox"/> DELETE
NAME	<b>MUCCIO, LLOYD</b> <i>Lloyd Muccio</i>
STREET ADDRESS	<b>1100 SALZEDO ST., 1D</b>
CITY-ST-ZIP	<b>CORAL GABLES FL</b>
TITLE	DP <input type="checkbox"/> DELETE
NAME	<b>BRAY, ALICIA</b> <i>Alicia Bray</i>
STREET ADDRESS	<b>1100 SALZEDO ST 2</b>
CITY-ST-ZIP	<b>CORAL GABLES, FL 00000</b>
TITLE	DT <input type="checkbox"/> DELETE
NAME	<b>DUARTE, JUANA</b> <i>Juana Duarte</i>
STREET ADDRESS	<b>1100 SALZEDO</b>
CITY-ST-ZIP	<b>CORAL GABLES, FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE:

*Alicia Bray*

*March 25 (305) 445-5101*

CR2E037 (1097)