

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 08 1998 8:00am
Secretary of State

| | | |
|-------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|-------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|

DOCUMENT # **739214**
1. Corporation Name
Rograb Warehouse Condominium Association, Inc.

Principal Place of Business Mailing Address
7327 NW 8 St. Same
Miami, FL 33126

| | |
|---------------------------------------------------------|---------------------------------------------|
| 21. Principal Place of Business Same as above | 22. Mailing Address Same as above |
| 22. Suite, Apt. #, etc. | 27. Suite, Apt. #, etc. |
| 23. City & State | 28. City & State |
| 24. Zip Country | 29. Zip Country |

3. Date Incorporated or Qualified
6-3-77

4. FEI Number
59-1818339

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
Blanca M. Duque
7327 NW 8th St.
Miami, FL 33126

10. Name and Address of New Registered Agent

81. Name **Georgina M. Ferreiro**

82. Street Address (P.O. Box Number is Not Acceptable)
7327 NW, 8th St.

83. City **Miami** FL 85. Zip Code **33126**

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 **Georgina M. Ferreiro** DATE **3-30-98**

12. OFFICERS AND DIRECTORS

| | | |
|----------------|-----------------------|--------------------------------------------|
| TITLE NAME | PD, Zicler, Freitas | <input checked="" type="checkbox"/> DELETE |
| STREET ADDRESS | 7341 NW 8th Street | |
| CITY-ST-ZIP | Miami, FL 33126 | |
| TITLE NAME | VD, Fajin, Ramon | <input checked="" type="checkbox"/> DELETE |
| STREET ADDRESS | 7339 NW 8th St. | |
| CITY-ST-ZIP | Miami FL 33126 | |
| TITLE NAME | TSD, Duque, Blanca M. | <input checked="" type="checkbox"/> DELETE |
| STREET ADDRESS | 7327 NW 8th St. | |
| CITY-ST-ZIP | Miami, FL 33126 | |
| TITLE NAME | | <input type="checkbox"/> DELETE |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE NAME | | <input type="checkbox"/> DELETE |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--------------------|---------------------------|------------------------------------------------------------------------------|
| 1.1 TITLE | PD, Miguel A. Ferreiro | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME | | |
| 1.3 STREET ADDRESS | 7327 NW 8th St. | |
| 1.4 CITY-ST-ZIP | Miami FL 33126 | |
| 2.1 TITLE | VD, Lourdes Porro | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME | | |
| 2.3 STREET ADDRESS | 7329 NW 8th St. | |
| 2.4 CITY-ST-ZIP | Miami, FL 33126 | |
| 3.1 TITLE | TSD, Georgina M. Ferreiro | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME | | |
| 3.3 STREET ADDRESS | 7327 NW 8th St. | |
| 3.4 CITY-ST-ZIP | Miami, FL 33126 | |
| 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 | | |
| 6.2 NAME | | |
| 6.3 STREET ADDRESS | | |
| 6.4 CITY-ST-ZIP | | |

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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: **Georgina M. Ferreiro** DATE **3/30/98** DAYTIME PHONE # **305-662-4949**

CR2E037 (10/97)