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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 97

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham • Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **748275** (5)
1. Corporation Name
TAMIAMI VILLAGE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business 1131 S.W. 105TH AVE. MIAMI FL 33174	Mailing Address 2026 S.W. 1ST STREET STE. 6 MIAMI FL 33135-1685
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 25		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30		3. Date Incorporated or Qualified 07/30/1979	3a. Date of Last Report 07/30/1996
				4. FEI Number 59-1946443	Applied For <input type="checkbox"/> Not Applicable
				5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent DE LA RIONDA, CARLOS 2026 S.W. 1ST STREET STE. 6 MIAMI FL 33135		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 2000002345402--6 83 -11/12/97--01112--029 *****175.00 *****175.00 84 City FL 85 Zip Code	
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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 *Carlos de la Rionda* DATE **11/4/97**
Signature of current registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RIONDA, HORTENSIA 2026 SW 1ST ST., STE. 6 MIAMI FL <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Vice President/Director
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ABREU, EPIFANIO 1300 LINCOLN ROAD #204 MIAMI BEACH FL <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Secretary /Director 2000002345402--6 -11/12/97--01112--030 *****61.25 *****61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD GUILLERMO, ROMAN RODRIQUE 1001 SW 105 AVENUE #105 MIAMI FL <input checked="" type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Treasurer/Director Mirabet, Marisol 1111 S.W. 105 Ave. #605 Miami, FL.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MORALES, BERNICE 1121 SW 105 AVENUE #303 MIAMI FL <input checked="" type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Vice President/ Director Gonzalez, Antonio 1121 S. W. 105 Ave #308 Miami, FL.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WEVERSON, CORREIA 1151 SW 105 AVENUE #402 MIAMI FL <input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition President/ Director
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do 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 *W. Weverson Correia* DATE **11/4/97** **602.5772**

CR2E037 (9/96)