SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25).

[redacted] ANNUAL REPORT
1997

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

APPROVED AND FILED
1997 NOV 10 AM 10:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 752715 (3)

1. Corporation Name
THE GREENS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
8825 WEST FLAGLER STREET MIAMI FL 33174 US	8825 WEST FLAGLER STREET MIAMI FL 33174 US

REINSTATEMENT 1997
DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified: 06/02/1980
3a. Date of Last Report: 05/31/1996
4. FEI Number: 59-2046935 ☐ Applied For ☐ Not Applicable
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 owes or has paid the current year intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

RAIG, PETER
12515 SW 31ST TERRACE
MIAMI FL 33175

10. Name and Address of New Registered Agent

81 Name: NESTOR ALVAREZ
82 Street Address (P.O. Box Number Is Not Acceptable): 3971 S.W. 8 ST. SUITE#209
83: CORAL GABLES, FL. 33134
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)

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-11/13/97--01081--004
****236.00 ****236.25

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	RAIG, PETER		1.2 NAME	ORS, MAGDA	
STREET ADDRESS	12515 SW 31ST TERRACE		1.3 STREET ADDRESS	210 FONTAINEBLEAU BLVD. #302	
CITY-ST-ZIP	MIAMI FL 33175		1.4 CITY-ST-ZIP	Miami, FL. 33172	
TITLE	SD	☐ DELETE	2.1 TITLE	SD	☒ Change ☐ Addition
NAME	FERRIS, JOSE		2.2 NAME	VAZQUEZ, ARISTIDES	
STREET ADDRESS	210 FOUNTAINBLEAU BOULEVARD #405		2.3 STREET ADDRESS	110 FONTAINEBLEAU BLVD.#109	
CITY-ST-ZIP	MIAMI FL 33172		2.4 CITY-ST-ZIP	MIAMI, FL. 33172	
TITLE	TD	☐ DELETE	3.1 TITLE	TD	☒ Change ☐ Addition
NAME	TORRES, JESUS		3.2 NAME	GUTIERREZ, ARMANDO	
STREET ADDRESS	8801 WEST FLAGLER STREET #310		3.3 STREET ADDRESS	210 FONTAINEBLEAU BLVD#104	
CITY-ST-ZIP	MIAMI FL 33174		3.4 CITY-ST-ZIP	MIAMI, FL. 33172	
TITLE	D	☐ DELETE	4.1 TITLE	D	☒ Change ☐ Addition
NAME	MORALES, ROLANDO		4.2 NAME	PAFUNDI, NIZIA	
STREET ADDRESS	210 FONTAINBLEAU BOULEVARD #101		4.3 STREET ADDRESS	110 FONTAINEBLEAU BLVD. #306	
CITY-ST-ZIP	MIAMI FL 33172		4.4 CITY-ST-ZIP	MIAMI, FL. 33172	
TITLE	D	☐ DELETE	5.1 TITLE	D	☒ Change ☐ Addition
NAME	GONZALEZ, MANUEL		5.2 NAME	LLAURO, VICENTE	
STREET ADDRESS	210 FONTAINBLEAU BOULEVARD #409		5.3 STREET ADDRESS	100 FONTAINEBLEAU BLVD.#101	
CITY-ST-ZIP	MIAMI FL 33172		5.4 CITY-ST-ZIP	MIAMI, FL. 33172	
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	LABANDERO, MARIA		6.2 NAME	REINSTATEMENT '97	
STREET ADDRESS	210 FONTAINBLEAU BOULEVARD #408		6.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33172		6.4 CITY-ST-ZIP	SCC 11-10-97	

CR2E037 (4/97)

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: SIGNATURE REQUIRED