04011999-90089-039-$8.75-$8.75 * 04011999-90089-040-$61.25-$61.25 * 05061999-90166-(

NONPROFIT CORPORATION ANNUAL REPORT **1999**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 SEP 17 AM 11:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

569907-90019-11

DOCUMENT # 754078 (4)

1. Corporation Name
LISETTE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business
1990 MARSEILLES DR
MIAMI BEACH FL 33141

Mailing Address
1990 MARSEILLES DR
MIAMI BEACH FL 33141

5/6/99 90166 032 $70.00

2. Principal Place of Business (21)	2a. Mailing Address (26)	3. Date Incorporated or Qualified: 09/05/1980
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)	4. FEI Number: 59-2130925 — Applied For / Not Applicable
City & State (23)	City & State (28)	5. Certificate of Status Desired ☒ — $8.75 Additional Fee Required
Zip (24) Country (25)	Zip (29) Country (30)	6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent
- 81 Name: ANTHONY L. TRULLENQUE, Esq.
- 82 Street Address (P.O. Box Number is Not Acceptable): 7098 BONITA DRIVE
- 83
- 84 City: MIAMI BEACH FL — 85 Zip Code: 33141

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] — Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) — DATE 4-20-99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ☐ DELETE ODIO, GERARDO R 1990 MARSEILLES DRIVE, #202 MIAMI BEACH FL 33141	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V ☐ DELETE SANTOS, ANA 1990 MARSEILLES DRIVE, #400 MIAMI BEACH FL 33141	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD ☐ DELETE GUTIERREZ, DIEGO 1990 MARSEILLES DRIVE, #200 MIAMI BEACH FL 33141	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S ☐ DELETE RIVERO, ALBERTO 1990 MARSEILLES DRIVE, #203 MIAMI BEACH FL 33141	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRADO, JOAQUIN D ☐ DELETE 1990 MARSEILLES DRIVE, #301 MIAMI BEACH FL 33141	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE: [signature] GERARDO R. ODIO — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date 04/20/99 — Daytime Phone # (305)861-5908

CR2E037 (11/98)

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