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**APPROVED AND FILED**

95 APR 12 PM 12:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # 754122 (0)  
1. Corporation Name  
**MIDWAY GARDENS APARTMENTS CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business Mailing Address  
P O BOX 52-1195 MIAMI FL 33152 P O BOX 52-1195 MIAMI FL 33152

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 Country  
24 Zip 25 Country 29 Zip 30 Country

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 09/11/1980 3a. Date of Last Report 03/14/1994  
4. FBI Number 59-2646694 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  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  \$68.75 Supplemental Fee Not Required  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
CASO, CARLOS R ESG  
299 ALHAMBRA CR #218  
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent  
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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <i>D</i>	PD <i>D</i> MCGEE, GIGI 8293 NW 7 ST MIAMI FL <i>(1)</i>	11 TITLE <i>D</i>	VICE-PRESIDENT <i>(D)</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		12 NAME <i>D</i>	RODOLFO TORRES <i>(3)</i>
STREET ADDRESS		13 STREET ADDRESS	8287 NW 7 ST
CITY - ST - ZIP		14 CITY - ST - ZIP	MIAMI, FL 33126
TITLE	VFD <i>D</i> <del>PENSLOZA, LUISA</del>	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		22 NAME	
STREET ADDRESS	<del>8287 NW 7 ST</del>	23 STREET ADDRESS	
CITY - ST - ZIP	<del>MIAMI FL</del>	24 CITY - ST - ZIP	
TITLE <i>D</i>	SD <i>D</i> MILLER, AISHA 8208 NW 8 ST MIAMI FL <i>(2)</i>	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY - ST - ZIP		34 CITY - ST - ZIP	
TITLE	DT <del>ALFARRANO, JOAQUINA</del>	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS	<del>8227 NW 7 ST</del>	43 STREET ADDRESS	
CITY - ST - ZIP	<del>MIAMI FL</del>	44 CITY - ST - ZIP	
TITLE	D <del>HERNANDEZ, ADA</del>	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS	<del>8280 NW 7 STR</del>	53 STREET ADDRESS	
CITY - ST - ZIP	<del>MIAMI FL</del>	54 CITY - ST - ZIP	
TITLE	D <del>BAZ, JORGE</del>	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS	<del>8214 NW 8 STR</del>	63 STREET ADDRESS	
CITY - ST - ZIP	<del>MIAMI FL</del>	64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 the 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)* AISHA MILLER, SEE. *(Date)* 2/17/95 *(Phone)* (305) 261-1911