2001 UNIFORM BUSINESS REPORT UBR) **FILED** Mar 08, 2001 8:00 am Secretary of State **DOCUMENT # 754450** 1. Entity Name INTERNATIONAL LAKE CONDOMINIUM ASSOCIATION, INC. 03-08-2001 90077 036 ****61.25 Principal Place of Business Mailing Address 1717 NORTH BAYSHORE DRIVE 1717 NORTH BAYSHORE DRIVE **SUITE 103** SUITE 103 C0031965 MIAMI FL 33132 MIAMI FL 33132 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For --- City & State- - --City & State 4. FEI:Number= 59-2430087 Not Applicable , Zip \$8.75 Additional Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) PAZ, DALINE A 1717 N BAYSHORE DRIVE SUITE 103 Zip Code **MIAMI FL 33132** 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida. **SIGNATURE** DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Make Check Payable to FILE NOW: 9. Election Campaign Financing \$5.00 May Be Department of State Trust Fund Contribution. Added to Fees FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. 7815:06.41 Change Addition TITLE □ Delete TITLE LUIS ALONSO 1621 COSTINS AVE # 516 BRITO, ALBERTO NAME NAME STREET ADDRESS 12257 SW 24 TERR STREET ADDRESS 4: Ani BERGH, - (33/39 CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33175** Change **Addition** ☐ Delete TITLE TITLE EDUARDO DELGADO BALDOQUIN, ENRIQUE NAME NAME 2395.W. 24+KRR STREET ADDRESS STREET ADDRESS 12249 S.W. 24 TERR CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33175 REASURAR ☐ Change Addition TITLE BS. ☐ Delete TITLE FRANCISCO RICO 17219 Sw. Z4termer NAME SUAREZ, AMAURI STREET ADDRESS STREET ADDRESS 2200 SW 122 AVE CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33175 **Addition** Change TITLE. Collete Oelete TITLE FERNANDEZ, MARY NAME NAME STREET ADDRESS STREET ADDRESS 12213 S.W. 24 TERR CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33175** ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME PEREZ, OLGA STREET ADDRESS STREET ADDRESS 12211 S.W. 24 TERR CITY-ST-ZIP CITY-ST-ZiP **MIAMI FL 33175** Change | ☐ Addition ☐ Delete TITLE TITLE

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

NAME

STREET ADDRESS

CITY-ST-7IP

SIGNATURE:

FERNANDEZ, MARTHA

12215 S.W. 24 TERR

MIAMI FL 33175

NAME

STREET ADDRESS

CITY-ST-ZIP