

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 08, 1999 8:00 am
Secretary of State

04-08-1999 90085 023 ****61.25

DOCUMENT # 755340

1. Corporation Name

MIDWAY VILLAGE CONDOMINIUM ASSOCIATION, INC.
8415 N.W. 7St.
Miami, FL 33126

Principal Place of Business

Same as above

Mailing Address

400 S.W. 107th Ave.
Suite 312
Miami, FL 33174

2. Principal Place of Business

21 8415 N.W. 7 St.

Suite, Apt. #, etc.

22 City & State

23 Miami, FL 33126

Zip Country

24 25 U.S.A.

2a. Mailing Address

26 400 S.W. 107th Ave.

Suite, Apt. #, etc.

27 Suite 312

City & State

28 Miami, FL 33174

Zip Country

29 30 U.S.A.

3. Date Incorporated or Qualified

12/01/80

4. FEI Number

59-2285182

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

9. Name and Address of Current Registered Agent

SPM GROUP C/O: EDUARDO ROTUNDO
2151 LeJune Rd. # 305
Miami, FL 33134

10. Name and Address of New Registered Agent

81 Name

ONEIDA MORENO

82 Street Address (P.O. Box Number is Not Acceptable)

400 S.W. 107th Ave. Ste

83

Suite 312

84 City

Miami

FL

85 Zip Code
33174

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

3/24/99

12. OFFICERS AND DIRECTORS

TITLE **P/D** ☐ DELETE
NAME **RUBEN CERVANTES**
STREET ADDRESS **8415 N.W. 7 St.**
CITY-ST-ZIP **Miami, FL 33126**

TITLE **VP/D** ☐ DELETE
NAME **MIGUEL COLLADO**
STREET ADDRESS **8416 N.W. 8 St.**
CITY-ST-ZIP **Miami, FL 33126**

TITLE **T/D** ☐ DELETE
NAME **ADRIAN CAHUANA**
STREET ADDRESS **8427 N.W. 7 St.**
CITY-ST-ZIP **Miami, FL 33126**

TITLE **S/D** ☐ DELETE
NAME **CAMILO MEJIA**
STREET ADDRESS **8413 N.W. 7 St.**
CITY-ST-ZIP **Miami, FL 33126**

TITLE **D** ☐ DELETE
NAME **ARMANDO ANGEL**
STREET ADDRESS **8402 N.W. 8 St.**
CITY-ST-ZIP **Miami, FL 33126**

TITLE **D** ☐ DELETE
NAME **ANDRES MOLLER**
STREET ADDRESS **8441 N.W. 7 St.**
CITY-ST-ZIP **Miami, FL 33126**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 in an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RUBEN A. CERVANTES President

03/27/99

Date

(305) 5990440

Daytime Phone #

CR2E037 (11/98)