

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**APPROVED
AND
FILED**

95 APR 17 PM 4:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **757195** (3)

1. Corporation Name
MINORCA PARK CONDOMINIUM ASSOCIATION, INC.
12195 SW 10 St. Apt 7 Miami Fla. 33184

Principal Place of Business Mailing Address
C/O ABELARDO RUIZ
9735 NW 52 ST #202
MIAMI FL 33178

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **05/13/1981** 3a. Date of Last Report **02/09/1994**
4. FEI Number **59-2249919** 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

2. Principal Place of Business 2a. Mailing Address
21 **805 SW 122 Ave** 26 **805 SW 122 Ave**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **Suite 184** 27 **Suite 184**
City & State City & State
23 **MIAMI FLA** 28 **MIAMI FLA**
Zip Country Zip Country
24 **33184** 25 **33184** 29 **33184** 30 **33184**

9. Name and Address of Current Registered Agent
RUIZ, ABELARDO
9735 NW 52 ST #202
MIAMI, FL
33178

10. Name and Address of New Registered Agent
81 Name **JAVIER ORTIZ**
82 Street Address (P.O. Box Number is Not Acceptable) **12195 SW 10 St #3**
83 **MIAMI**
84 City **MIAMI** FL 85 Zip Code **33184**

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 **JAVIER ORTIZ** *Javier Ortiz* DATE **3-15-95**

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	LEAL, SILVIO
STREET ADDRESS	8900 SW 10 TERR.
CITY - ST - ZIP	MIAMI, FL 00000
TITLE	SD
NAME	RUIZ, ABELARDO
STREET ADDRESS	9735 NW 52ND STREET
CITY - ST - ZIP	MIAMI, FL 00000
TITLE	TD
NAME	ALMEIDA, SILVIA L
STREET ADDRESS	401 HARDEE RD.
CITY - ST - ZIP	CORAL GABLES FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	JAVIER ORTIZ
13 STREET ADDRESS	12195 SW 10 St #3
14 CITY - ST - ZIP	MIAMI FL 33184
21 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	JOSE L. MARQUEZ
23 STREET ADDRESS	12195 SW 10 St #2
24 CITY - ST - ZIP	MIAMI - FL - 33184
31 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	Alexandria R Yallicergo
33 STREET ADDRESS	12195 SW 10 St apt 70
34 CITY - ST - ZIP	Miami Fla 33184
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
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)(b), 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: **JAVIER ORTIZ** *Javier Ortiz* DATE **3-15-95** (305) 625-2825