FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 20 PM 2:14

DOCUMENT # 762202 (0)

1. Corporation Name
HIALEAH COMMERCE PLAZA CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
~~C/O UNLIMITED CONDO~~	~~C/O UNLIMITED CONDO~~
~~201 CRANDON BLVD #132~~	~~201 CRANDON BLVD #132~~
~~KEY BISCAYNE FL 33149~~	~~KEY BISCAYNE FL 33149~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/18/1982
3a. Date of Last Report: 02/09/1994
4. FEI Number: 59-2402009 (Applied For / Not Applicable)

	Principal Place of Business	Mailing Address
2. / 2a.	21 % UNLIMITED CONDO	26 % UNLIMITED CONDO. MGT.
Suite, Apt. #, etc.	22 945-A S.W. 87 AVE.	27 945-A S.W. 87 AVE.
City & State	23 MIAMI, FLORIDA.	28 MIAMI, FLORIDA.
Zip / Country	24 33174 25 U.S.A.	29 Zip 30 Country U.S.A.

5. Certificate of Status Desired: NO — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: NO — $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	10. Name and Address of New Registered Agent
~~[illegible]~~	81 Name: LUIS HERNANDEZ
~~201 CRANDON BLVD #132~~	82 Street Address (P.O. Box Number Only Not Acceptable): 945-A S.W. 87 AVENUE
~~KEY BISCAYNE FL 33149~~	83 % UNLIMITED CONDO. MANAGEMENT
	84 City: MIAMI 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: Luis Hernandez — 3-10-95
(Signature, typed or printed name of registered agent and title if applicable.) (*If: (NOTE: Registered Agent signature required when reinstating).) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☒ Change ☐ Addition
NAME	PRUNA, LAURA MARIA	1.2 NAME	
STREET ADDRESS	~~201 CRANDON BLVD #132~~	1.3 STREET ADDRESS	2525 S.W. 3 AVE., STE. 205
CITY-ST-ZIP	~~KEY BISCAYNE FL~~	1.4 CITY-ST-ZIP	MIAMI, FL. 33129-2057
TITLE	VD	2.1 TITLE	☒ Change ☐ Addition
NAME	~~SULAMITA, RONIS~~ RONIS,	2.2 NAME	RONIS, SULAMITA CORRECTION
STREET ADDRESS	1800 S. OCEAN BLVD #1512	2.3 STREET ADDRESS	LAST NAME IS RONIS
CITY-ST-ZIP	POMPANO BEACH FL	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	☐ Change ☐ Addition
NAME	HERNANDEZ, ADYS	3.2 NAME	
STREET ADDRESS	135 WEST 60 ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL 33012	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	☐ Change ☐ Addition
NAME	PEDROZO, OSAVALSO	4.2 NAME	
STREET ADDRESS	14274 S.W. 103 TERR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33186	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 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.

SIGNATURE: _____ 3/8/95 (305) 285-1681
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER OR DIRECTOR — Date — Daytime Phone #
LAURA MARIA PRUNA.

0042865