

FILE NOW: FILING FEE IS \$61.25

FILED

**Mar 18 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 762469 (5)
 1. Corporation Name
CENTRAL COMMERCIAL CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 2573 NW 74 AVENUE MIAMI FL 33122	Mailing Address 2573 NW 74 AVENUE MIAMI FL 33122
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3. Date Incorporated or Qualified 03/17/1982	Applied For Not Applicable
4. FEI Number 59-2205863	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent

**PAYNE, MARGARET
2573 N.W. 74TH AVE.
MIAMI FL 33122**

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 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 _____ (NOTE: Registered Agent signature required when reinstalling) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	FORTELL, EDDYO	1.1 TITLE R	GRAMATGES, ROBERTO
NAME		1.2 NAME	
STREET ADDRESS 2521 NW 74 AVE		1.3 STREET ADDRESS 2529 N.W. 74 Ave.	
CITY-ST-ZIP MIAMI FL	<input checked="" type="checkbox"/> DELETE	1.4 CITY-ST-ZIP MIAMI, FLA. 33122	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VP	GRAMATGES, ROBERTO	2.1 TITLE VP	MARTINS, ADELINO
NAME		2.2 NAME	
STREET ADDRESS 2529 NW 74 AVE		2.3 STREET ADDRESS 2557 N.W. 74 Ave.	
CITY-ST-ZIP MIAMI FL	<input checked="" type="checkbox"/> DELETE	2.4 CITY-ST-ZIP MIAMI, FLA.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE SD	DELRIO PEREZ, LAURA	3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS 2582 NW 74 AVENUE		3.3 STREET ADDRESS	
CITY-ST-ZIP MIAMI FL	<input type="checkbox"/> DELETE	3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE TD	PAYNE, MARGARET	4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS 2573 NW 74TH AVE.		4.3 STREET ADDRESS	
CITY-ST-ZIP MIAMI FL	<input type="checkbox"/> DELETE	4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D	ELIAS, GUIDO	5.1 TITLE D	MIRANDA, NESTOR
NAME		5.2 NAME	
STREET ADDRESS 2581 NW 74 AVE		5.3 STREET ADDRESS 2533 N.W. 74 Ave.	
CITY-ST-ZIP MIAMI FL	<input checked="" type="checkbox"/> DELETE	5.4 CITY-ST-ZIP MIAMI, FLA.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE		6.1 TITLE	
NAME		6.2 NAME	
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: *Margaret Payne* **Margaret Payne** 3-11-98 (305) 593-9470
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0028067

CR2E037 (10/97)