

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 18 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1997**



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

**DOCUMENT # 769549 (7)**  
1. Corporation Name  
**THE 7950 BUILDING CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business Mailing Address  
**7950 W FLAGLER ST #104 MIAMI FL 33144** **7950 W FLAGLER ST #104 MIAMI FL 33144-2200**

3. Date Incorporated or Qualified **07/26/1983** 3a. Date of Last Report **01/29/1996**

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country	4. FEI Number <b>59-2354427</b> Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**NAVARRO, JOSE A**  
**7950 W FLAGLER ST #104**  
**MIAMI FL 33144**

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 reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	NAVARRO, JOSE A		1.2 NAME		
STREET ADDRESS	7950 W FLAGLER ST #104		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 00000		1.4 CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GONZALEZ, RANDY		2.2 NAME		
STREET ADDRESS	7950 W FLAGLER ST #105		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 00000		2.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	AZAN, RAFAEL		3.2 NAME		
STREET ADDRESS	7950 W FLAGLER ST #101		3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 00000		3.4 CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	EGOZCUE, RICHARD		4.2 NAME		
STREET ADDRESS	7950 W FLAGLER ST #102		4.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 00000		4.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> 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 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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**JOSE A. NAVARRO**  
**PRESIDENT**

Date

Daytime Phone # 0030211

CR2E037 (9/96)

2/1/97 (305) 466-8600