FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 769549

Corporation Name

THE 7950 BUILDING CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

2a. Mailing Address

Suite, Apt. #, etc.

26

27

7950 W FLAGLER ST #104 MIAMI FL 33144

2. Principal Place of Business

21

7950 W FLAGLER ST #104 MIAMI FL 33144

FILED Feb 02, 1999 8:00am Secretary of State

02-02-1999 90025 033 ****61.25

		H BIUN IUN

Applied For

Not Applicable

3. Date Incorporated or Qualifed.

07/26/1983

59-2354427

4. FEI Number

City & State	9	City & State				5. Certifcate of Status D	esired	\$8.75 A					
23		28	C			· · · · ·							
Zip	Country	Zip	Count	ry .		6. Election Campaign Fi	- 11	\$5.00 M Added to					
24	25	29 30)			Trust Fund Contribution			rees				
9. Name and Address of Current Registered Agent				1 Name		10. Name and Address	OI MAM KABIS	stered Agent	 :				
			8	Name	е								
NAVARRO	JOSE Amen a manyambangan	7 King (19919 Bull 1941)	8	2 Street	t Address	(P.O. Box Number is No	t Acceptable)						
NAVARRO, JOSE Agram a my memora aging 7 \$39 0000 forms, the U. 7950 W FLAGLER ST. #104													
MIAMI FL		•	8	3	-	•	<i>:</i>	*					
			8	4 City				85 Zip C	ode				
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11. Pursuant	to the provisions of Sections 617.0502	and 617.1508, Florida Statutes	the abo	ve-named	d corpora	tion submits this statemer	nt for the purp	ose of changing its r	egistered				
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. Hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.													
agent. I arth raminal with, and accept the obligations of, obstain on some control of the obligations of the													
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE: Re	egistered Ag	ent signature	e required wh	eπ reinstating)		ATE					
12.	OFFICERS AND	DIRECTORS	13.			ADDITIONS/CHANGE:	S TO OFFICE						
TITLE	PD	☐ DELETE	1.1 TITLE			17.26/11/3	A	Change	Addition				
NAME	NAVARRO, JOSE A		1.2 NAME	Ē				÷	. 1				
STREET ADDRESS	7950 W FLAGLER ST #104		1.3 STRE	ET ADDRESS	ss	35-97 CM							
CITY-ST-ZIP	MIAMI FL 33144		1.4 CITY-	-ST-ZIP									
TITLE	VPD .	☐ DELETE	2.1 TTLE					Change	☐ Addition				
NAME	GONZALEZ, RANDY		2.2 NAME	<u> </u>				•					
STREET ADDRESS	7950 W FLAGLER ST #104			ET ADDRESS				• 	- 3-2				
•	MIAMI FL 33144		2. 4 CITY										
CITY-ST-ZIP	D	☐ DELETE	3.1 TITLE					Change	Addition				
	AZAN, RAFAEL		3.2 NAME	·					^				
NAME	Belle Continue Laboration and the Continue of	A Section Control		- ET ADDRESS	29								
STREET ADDRESS		•	1		~			. •					
CITY-ST-ZIP	MIAMI FL 33144	☐ DELETE	3.4. CITY 4.1 TITLE					Change	Addition				
TITLE .	SD BIOLIARD		4. 2 NAM		1.			<u></u>					
NAME ASS	EGOZCUE, RICHARD	the state of the s	1			41 7 7 14	F 1 199.15	国额额制料					
STREET ADDRESS		Property of	,	ET ADDRESS	~	4		建肾内积值	6 5 1 1-2				
CITY-ST-ZIP	MIAMI, FL 00000	☐ DELETE	4.4 CITY-		 	, t	r State District	<u> </u>	Addition				
TITLE	VP		5.1 TITLE 5.2 NAME		1								
NAME	VALERA, ALBERTO												
STREET ADDRESS	7950 W FLAGLER ST #104			ET ADDRESS	²⁰	1200							
CITY-ST-ZIP	MIAMI FL 33144		5.4 CITY		+	1 2 No. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Change	Addition				
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NAME.	THE PLANT STATE	•	6.2 NAM		_			•					
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CITY-ST-ZIP	VED .		6.4 CITY		1								
14 I boroby	artify that the information expoling with	this filing door not qualify for th	A AVAM	ntion state	tad in Sac	tion 119 07/3\/i) Florida !	Statutes I furt	ther certify that the in	tomation				

4. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j). 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 editions, with all other like empowered.

SIGNATURE

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/11/99 (305)266-8600