FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996

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

DOCUMENT # N00921 (9)

1. Corporation Name

PATIOS WEST ONE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1414 N.W. 107TH AVENUE #115 MIAMI FL 33172	1414 N.W. 107TH AVENUE #115 MIAMI FL 33172

3. Date Incorporated or Qualified: 01/16/1984
3a. Date of Last Report: 03/06/1995

2. Principal Place of Business
21 1414 NW 107th Ave
Suite, Apt. #, etc.
22 #110
City & State
23 Miami FL
Zip 24 33172 Country 25 USA

2a. Mailing Address
26 1414 NW 107th Ave
Suite, Apt. #, etc.
27 # 110
City & State
28 Miami FL
Zip 29 33172 Country 30 USA

4. FEI Number: 59-2359581 — 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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

PIQUE ALVAREZ, SYLVIA
1414 N.W. 107TH AVENUE
#115
MIAMI FL 33172

10. Name and Address of New Registered Agent

81 Name: Sylvia Pique Alvarez
82 Street Address (P.O. Box Number is Not Acceptable): 1414 NW 107 Ave #110
83
84 City: Miami FL 85 Zip Code 33172

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: Sylvia Pique — Sylvia Piqué — 1/18/96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) — Date

12. OFFICERS AND DIRECTORS

	Officer	DELETE
TITLE	PD	☐
NAME	GARCIA, CARLOS	
STREET ADDRESS	11103 N.W. 7 STREET, #102	
CITY-ST-ZIP	MIAMI FL	
TITLE	TD	☐
NAME	RADILLO, ZOILO	
STREET ADDRESS	11183 N.W. 7 STREET, #102	
CITY-ST-ZIP	MIAMI FL	
TITLE	SD	☒
NAME	CASTILLO, ROSALIND	
STREET ADDRESS	11143 N.W. 7 STREET, #102	
CITY-ST-ZIP	MIAMI 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

	Entry	Change / Addition
1.1 TITLE	VP	☐ Change ☒ Addition
1.2 NAME	Ruiz, Teresa	
1.3 STREET ADDRESS	11031 NW 7 St #203	
1.4 CITY-ST-ZIP	Miami, FL 33172	
2.1 TITLE	S	☐ Change ☒ Addition
2.2 NAME	De La Guardia, Hilda	
2.3 STREET ADDRESS	11091 NW 7St #101	
2.4 CITY-ST-ZIP	Miami FL 33172	
3.1 TITLE	TD	☐ Change ☐ Addition
3.2 NAME	Radillo, Zoilo	
3.3 STREET ADDRESS	11183 NW 7 St #102	
3.4 CITY-ST-ZIP	Miami FL 33172	
4.1 TITLE	PD	☐ Change ☐ Addition
4.2 NAME	Garcia, Carlos	
4.3 STREET ADDRESS	11103 NW 7 St #102	
4.4 CITY-ST-ZIP	Miami FL 33172	
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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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)(k), 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: Carlos Garcia — Carlos Garcia — 1/18/96 — 477-3666
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (12/95)

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