SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25).

NONPROFIT CORPORATION ANNUAL REPORT 1998

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

FILED
Jul 30 1998 8:00am
Secretary of State

DOCUMENT # N00921 (9)

1. Corporation Name
PATIOS WEST ONE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1414 N.W. 107TH AVENUE #110 MIAMI FL 33172	1414 N.W. 107TH AVENUE #110 MIAMI FL 33172

3. Date Incorporated or Qualified: 01/16/1984
4. FEI Number: 59-2359581 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 275 Fontainebleau Blvd.	26 275 Fontainebleau Blvd.
Suite, Apt. #, etc. 22 #140	Suite, Apt. #, etc. 27 #140
City & State 23 Miami, FL	City & State 28 Miami, FL
Zip 24 33172 Country 25 USA.	Zip 29 33172 Country 30 USA.

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? ☑ Yes ☐ No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
PIQUE ALVAREZ, SYLVIA 1414 N.W. 107TH AVENUE #110 MIAMI FL 33172	81 Name: Pique, Sylvia 82 Street Address (P.O. Box Number is Not Acceptable): c/o Excel Management 83 275 Fontainebleau Blvd #140 84 City: Miami FL 85 Zip Code: 33172.

address change only

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☒ DELETE	1.1 TITLE	President	☐ Change ☒ Addition
NAME	GARCIA, CARLOS		1.2 NAME	Kalaf, Alejandro	
STREET ADDRESS	11103 N.W. 7 STREET, #102		1.3 STREET ADDRESS	11041 NW 7ST. #102	
CITY-ST-ZIP	MIAMI FL 33172		1.4 CITY-ST-ZIP	Miami, FL 33172	
TITLE	VPD	☒ DELETE	2.1 TITLE	Vice-President	☐ Change ☒ Addition
NAME	KALAF, ALEJANDRO		2.2 NAME	Sosa, Jaime	
STREET ADDRESS	11041 NW 71ST ST #102		2.3 STREET ADDRESS	11011 NW 7ST. #203	
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP	Miami, FL 33172.	
TITLE	TD	☒ DELETE	3.1 TITLE	SECRETARY	☐ Change ☒ Addition
NAME	GONZALEZ, MANUEL		3.2 NAME	Gonzalez, Tony	
STREET ADDRESS	1113 NW 7TH ST #102		3.3 STREET ADDRESS	11103 NW 7ST. #102	
CITY-ST-ZIP	MIAMI FL		3.4 CITY-ST-ZIP	Miami, FL 33172	
TITLE	S	☒ DELETE	4.1 TITLE	ETREASURER	☐ Change ☒ Addition
NAME	DE LA GUARDIA, HILDA		4.2 NAME	Gaston, Ramon	
STREET ADDRESS	11091 NW 7 ST #101		4.3 STREET ADDRESS	11001 NW 7ST. #102	
CITY-ST-ZIP	MIAMI FL 33172		4.4 CITY-ST-ZIP	Miami, FL 33172.	
TITLE		☐ DELETE	5.1 TITLE	Director	☐ Change ☒ Addition
NAME			5.2 NAME	Oliva, Armando	
STREET ADDRESS			5.3 STREET ADDRESS	11021 NW 7ST. #101	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	Miami, FL 33172.	
TITLE		☐ DELETE	6.1 TITLE	Director	☒ Change ☒ Addition
NAME			6.2 NAME	Chang, Jesus	
STREET ADDRESS			6.3 STREET ADDRESS	11021 NW 7ST. #204	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	Miami, FL 33172.	

14. I 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: Alejandro Kalaf
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (5/98)