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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N00921

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

Principal Place of Business	Mailing Address
275 FONTAINEBLEAU BLVD #140 MIAMI FL 33172 US	275 FONTAINEBLEAU BLVD #140 MIAMI FL 33172 US

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 01/16/1984
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2359581 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

PIQUE, SYLVIA
C/O EXCEL MANAGEMENT
275 FONTAINEBLEAU BLVD #140
MIAMI FL 33172

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 _____ 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	VP	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	SOSA, JAIME		1.2 NAME		
STREET ADDRESS	11011 NW 7TH ST #203		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33172		1.4 CITY-ST-ZIP		
TITLE	P	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	KALAF, ALEJANDRO		2.2 NAME		
STREET ADDRESS	11041 NW 71ST ST #102		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33172		2.4 CITY-ST-ZIP		
TITLE	S	☒ DELETE	3.1 TITLE	S	☒ Change ☐ Addition
NAME	GONZALEZ, TONY		3.2 NAME	Scanlan, Adele	
STREET ADDRESS	11103 NW 7TH ST #102		3.3 STREET ADDRESS	11061 NW 7th Street #101	
CITY-ST-ZIP	MIAMI FL 33172		3.4 CITY-ST-ZIP	Miami, FL 33172	
TITLE	T	☐ DELETE	4.1 TITLE	D	☐ Change ☒ Addition
NAME	GASTON, RAMON		4.2 NAME	Espolita, Jesus	
STREET ADDRESS	11001 NW 7TH ST #102		4.3 STREET ADDRESS	11133 NW 7th Street #105	
CITY-ST-ZIP	MIAMI FL 33172		4.4 CITY-ST-ZIP	Miami, FL 33172	
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	OLIVA, ARMANDO		5.2 NAME		
STREET ADDRESS	11021 NW 7TH ST #101		5.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33172		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	CHANG, JESUS		6.2 NAME		
STREET ADDRESS	11021 NW 7TH ST #204		6.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33172		6.4 CITY-ST-ZIP		

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, with all other like empowered.

SIGNATURE: [illegible] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date: 3-18-99 — Daytime Phone #: 305 264-5799

CR2E037 (11/98)