

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$81.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Sep 20, 1999 8:00 am
Secretary of State

09-20-1999 90009 038 ****70.00

DOCUMENT # N03678

1. Corporation Name

1 TAMAMI CENTER CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

13845 S.W. 142 AVE
MIAMI FL 33186

Mailing Address

13973 SW 140TH ST.
MIAMI FL 33186
US



2. Principal Place of Business

21

Suite, Apt. #, etc.

22 13807 SW 142 AVENUE

City & State

23 MIAMI, FL

Zip

24 33186

Country

25 USA

2a. Mailing Address

26

Suite, Apt. #, etc.

27 13807 SW 142 AVENUE

City & State

28 MIAMI, FL

Zip

29 33186

Country

30 USA

3. Date Incorporated or Qualified

06/14/1984

4. FEI Number

65-0010910

Applied For

Not Applicable

5. Certificate of Status Desired **XX**

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

JOWES, RUSSELL B
13973 S.W. 140 STREET
MIAMI FL 33186

10. Name and Address of New Registered Agent

81 Name

KARL RAUSCH

82 Street Address (P.O. Box Number is Not Acceptable)
13807 SW 142 AVENUE

83

84 City

MIAMI

FL

85 Zip Code
33186

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

09.11.99

12. OFFICERS AND DIRECTORS

TITLE PD ~~XX~~DELETE

NAME JONES, RUSSELL B
STREET ADDRESS 13973 S.W. 140 STREET
CITY-ST-ZIP MIAMI FL 33186

TITLE D ~~XX~~DELETE

NAME WARSHAW, IRA
STREET ADDRESS 13845 S.W. 142 AVENUE
CITY-ST-ZIP MIAMI FL 33186

TITLE D ~~XX~~DELETE

NAME WARSHAW, RONNIE
STREET ADDRESS 13845 S.W. 142 AVE.
CITY-ST-ZIP MIAMI FL 33186

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☒ Change ☐ Addition

1.2 NAME KARL RAUSCH
1.3 STREET ADDRESS 13807 SW 142 AVENUE
1.4 CITY-ST-ZIP MIAMI, FL 33186

2.1 TITLE D ☒ Change ☐ Addition

2.2 NAME STUART HIND
2.3 STREET ADDRESS 13807-SW 142 AVENUE
2.4 CITY-ST-ZIP MIAMI, FL 33186

3.1 TITLE D ☒ Change ☐ Addition

3.2 NAME JOSE SAVALA
3.3 STREET ADDRESS 13807 SW 142 AVENUE
3.4 CITY-ST-ZIP MIAMI, FL 33186

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

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

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: ~~XX~~

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

09.11.99 305/2350507

CR2E037 (5/99)