FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N05765

(5)

| ESSIN | IGTON INDUSTRIAL CONDO | MINUIM, INC. | | | | | | |
|--|--|---|--------------|-------------------------|--|------------|---|-----|
| Principal Plac | ce of Business | Mailing Address | | | | | - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 | A |
| ESSINGTON INDUSTRIAL 9061 NW 67 ST MIAMI FL 33166 | | ESSINGTON INDUSTRIAL 8061 NW 67 ST MIAMI FL 33166 | | | 3. Date Incorporated or Qualified 10/19/1984 | | | |
| us | | US | | | | | 4. FEI Number Applied For Not Applied For | |
| 2. Principal (| Place of Business | 2a. Mailing Address | | | • | | 5. Certificate of Status Desired \$8.75 Additional Fee Required | |
| Suite, Apt | . #, etc. | Suite, Apt. #, etc. | | | | | 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees | |
| City & Sta | te | City & State | | | , | | 7. Is this nonprofit corporation a homeowners association? | |
| Zip | | | Coun | | 1 | | 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 | |
| | | | | 81 | Name | | | |
| DEL RIO, LUIS C. 8061 NW 67 STREET | | | ļ | 82 Street Addre | | Addres | ss (P.O. Box Number is Not Acceptable) | |
| MIAMI FL 33166 | | | ŀ | 83 | | | | |
| | | | Ì | 84 City | | | 85 Zip Code | _ |
| 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, t office or registered agent, or both, in the State of Florida. Such change was auth agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida | | | | | named the corp | corpora | | ad |
| agent, i a | am familiar with, and accept the obligat | ions of, Section 617.0503, Flo | rida Stati | utes. | · | | | - |
| | Signature, typed or printed name of registered agent | | | Agent | t signature | required v | when reinstating) DATE | _ |
| 12. | OFFICERS AND | | 13. | | | | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| TITLE | D | | | 1.1 TITLE | | | Change Additi | ion |
| NAME | GARCIA, FELK | | 1.2 NA | 1.2 NAME | | | | |
| STREET ADDRESS | 816G NW 67 ST | | 1,3 STF | 1,3 STREET ADDRESS 81 | | 816 | in hu g7 st | ļ |
| CITY-ST-ZIP | | | 1.4 CIT | 1.4 CITY-ST-ZIP | | | | |
| TITLE | SD DELETE | | 2.1 TIT | 2.1 TITLE | | | Change Additi | on |
| NAME | DEL RIO, LUIS | | 2.2 NAI | 2.2 NAME | | | | |
| STREET ADDRESS | | | 2.3 STF | 2.3 STREET ADDRESS | | | | |
| CITY-ST-ZIP | MIAMI FL | | | 2. 4 CITY-ST-ZIP | | | | |
| TITLE | VD DELETE | | 3.1 TITI | 3.1 TITLE | | | ☐ Change ☐ Addition | on |
| NAME | DEL RIO, EDUARDO | | 3.2 NA | ME | | | | |
| STREET ADDRESS | 8081 NW 67 ST. | | 3.3 STF | REET AL | DDRESS | | | |
| CITY-ST-ZIP | MIAMI FL 33166 | | | 3.4. CITY-ST-ZIP | | | | |
| TITLE | D | ☐ DELETE | 4,1 TITL | .E | | | Change Addition | on |
| NAME | PEREZ, ANDRES | | 4. 2 NA | ME | İ | | | |
| STREET AODRESS | 8147 NW 67TH ST | Lab di Pri | | 4.3 STREET ADDRESS | | | - | Ì |
| CITY-ST-ZIP | MIAM! FL | | 4.4 CITY - S | | ZIP | | | |
| TITLE | | ☐ DELETE | 5.1 TITL | | Ì | | Change Addition | on |
| NAME | | | 5.2 NAN | AE. | | | 1 | J |
| STREET ADDRESS | | | 5.3 STR | EET AD |)DRESS | | | |
| CITY-ST-ZIP | | | 5.4 CM | | ZIP | | | |
| TITLE | | DELETE | 6.1 TITL | E | | | ☐ Change ☐ Additio | an |

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 all 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 Biock 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

6.2 NAME

6.3 STREET ADDRESS

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

119/98

305-5918258

FILED

Feb 02 1998 8:00am

Secretary of State