FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N05765

1. Corporation Name

ESSINGTON INDUSTRIAL CONDOMINUIM, INC.

Country

9. Name and Address of Current Registered Agent

25

Principal Place of Business	
ESSINGTON INDUSTRIAL 8061 NW 67 ST	•
MIAMI FL 33166 LIS	

8073 NW 67

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

21

24

Mailing Address **ESSINGTON INDUSTRIAL** 8061 NW 67 ST MIAMI FL 33166

2a. Mailing Address

City & State

28 Zip

Suite, Apt. #, etc.

8073 NW

3. Date Incorporated or Qualifed

5. Certificate of Status Desired

6. Election Campaign Financing

10. Name and Address of New Registered Agent

Trust Fund Contribution

10/19/1984

59-2728655

4. FEI Number

FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90202 006 ****70.00

404445 - 90202 - 6

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable

		8	Name						
DEL RIO.	RIO, LUIS C. 82 Street Address (P.O. Box Number is Not			Address (P.O. Box Number is Not Acceptable)					
	67 STREET	8073 NW 67 ST							
MIAMI FL		8:	3			1			
************		8.	City		85 Zip C	ode			
	·		1	<u>_</u> <u>F</u> I	_				
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 Slopeture, broad or printed name of recistared agent and title if applicable. (NOTE: Recistored Agent signature required when relinstating) DATE									
12.	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Reg OFFICERS AND DIRECTORS	gistered Ag	ent signature r	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12			
	D DELETE	1.1 TITLE			Change	Addition			
TITLE NAME	GARCIA, FELK	1.2 NAME		GARCIA, FELIX		_ (;			
STREET ADDRESS	8161 NW 67 ST	1.3 STRE	ET ADDRESS			\			
CITY-ST-ZIP	MIAMI FL	1.4 CITY-	ST-ZIP	<u> </u>					
TITLE	SD DELETE	2.1 TITLE			Change	☐ Addition			
NAME	DEL RIO, LUIS	2.2 NAME				1			
STREET ADDRESS	-8061-NW-67-STREET	2.3 STRE	ET ADDRESS	8013 NW-67-ST	<u> </u>				
CITY-ST-ZIP	MIAMI FL	2. 4 CITY	ST-ZIP						
TITLE	D DELETE	3.1 TITLE		,	Change	☐ Addition			
NAME	PEREZ, ANDRES	3.2 NAME				. }			
STREET ADDRESS	8147 NW 67TH ST	3.3 STRE	ET ADDRESS						
CITY-ST-ZIP	MIAMI FL	3.4. CITY	ST-ZIP						
TITLE	☐ DELETE	4.1 TITLE		,	☐ Change	☐ Addition			
NAME		4, 2 NAM							
STREET ADDRESS		4.3 STRE	ET ADDRESS	•		ļ			
CITY-ST-ZIP		4.4 CITY-	ST-ZIP						
TITLE	☐ DELETE	5.1 TITLE			Change	Addition			
NAME -		5.2 NAME							
STREET ADDRESS			ET ADDRESS						
CITY-ST-ZIP		5.4 CITY				FT A LEN			
TITLE	DELETE	6.1 TTTLE		,	Change	☐ Addition			
NAME		6.2 NAM		}		}			
STREET ADDRESS		6.3 STRE	ET ADDRESS			Ì			
CITY-ST-ZIP		6.4 CITY-	ST-ZIP						

Country

30

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.

4120199

CR2E037 (11/98)