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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # N07476 (7)

1. Corporation Name

MIDWAY MANSIONS TOWNHOMES CONDOMINIUM ASSOCIATIO N, INC.

Principal Place of Business	Mailing Address
7989 NW 7 STREET MIAMI FL 33126	~~PO BOX 559063~~ ~~MIAMI FL 33255-9063~~

3. Date Incorporated or Qualified: 02/05/1985
3a. Date of Last Report: 05/17/1996

2. Principal Place of Business 21	2a. Mailing Address 26 C/O	4. FEI Number 59-2615011	☐ Applied For ☐ Not Applicable
Suite, Apt #, etc 22	Suite, 27 RELIABLE MANAGEMENT SERVICES, INC.	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
City & State 23	City & State 28 P.O. BOX 559063 MIAMI, FL 33255-9063	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip / Country 24 / 25	Zip / Country 29 / 30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
~~PEREZ-SIAM, FRANK, P.A~~ ~~122 MINORCA AVE.~~ ~~CORAL GABLES FL 33134~~	81 Name: Luis Hernandez 82 Street Address (P.O. Box Number is Not Acceptable): 943 SW 87 ave 83 84 City: Miami FL 85 Zip Code: 33174

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] 2/28/97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	T/D	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	GOMEZ, RAFAEL		1.2 NAME	
STREET ADDRESS	2801 FLORIDA AVE.		1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33133		1.4 CITY-ST-ZIP	
TITLE	P/D	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	PULIDO, REGLA		2.2 NAME	
STREET ADDRESS	7993 NW 7 STREET #1		2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33126		2.4 CITY-ST-ZIP	
TITLE	S/D	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	PORTUONDO, YOLANDO		3.2 NAME	
STREET ADDRESS	7991 NW 7 STREET #7		3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33126		3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E037 (9/96)

14. I do 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: [signature] 3/25/97 2026668084
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0034050