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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # N07476

1. Corporation Name

MIDWAY MANSIONS TOWNHOMES CONDOMINIUM ASSOCIATIO N, INC.

Principal Place of Business	Mailing Address
7989 NW 7 STREET MIAMI FL 33126	UNLIMITED MANAGEMENT SERVICES INC P.O. BOX 440067 MIAMI FL 33144-0067 US

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed
21	26	02/05/1985
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2615011 ☐ 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

HERNANDEZ, LUIS
943 SW 87 AVE
MIAMI FL 33174

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	XXX	☐ DELETE	1.1 TITLE	VP/D	XX Change ☐ Addition
NAME	GOMEZ, RAFAEL		1.2 NAME	Rafael Gomez	
STREET ADDRESS	XXXXXXXXXXXXXXX		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33183		1.4 CITY-ST-ZIP		
TITLE	P/D	☐ DELETE	2.1 TITLE	S/D	XX Change ☐ Addition
NAME	PULIDO, REGLA		2.2 NAME	**Regla Pulido**	
STREET ADDRESS	7993 NW 7 STREET #1		2.3 STREET ADDRESS	7993 NW 7 Street # E1	
CITY-ST-ZIP	MIAMI FL 33126		2.4 CITY-ST-ZIP	Miami, FL 33126	
TITLE	S/D	☒ DELETE	3.1 TITLE	P/D	☐ Change ☒ Addition
NAME	XXXXXXXXXXXXXXX		3.2 NAME	Nicolas Salamo	
STREET ADDRESS	XXXXXXXXXXXXXXX		3.3 STREET ADDRESS	7987 NW 7 Street # D11	
CITY-ST-ZIP	XXXXXXXXXXXXX		3.4 CITY-ST-ZIP	Miami, FL 33126	
TITLE		☐ DELETE	4.1 TITLE	AS/D	☐ Change ☒ Addition
NAME			4.2 NAME	Jose Sanchez	
STREET ADDRESS			4.3 STREET ADDRESS	7987 NW 7 Street # D5	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	Miami, FL 33126	
TITLE		☐ DELETE	5.1 TITLE	D	☐ Change XX Addition
NAME			5.2 NAME	Delfa Garcia	
STREET ADDRESS			5.3 STREET ADDRESS	7985 NW 7 Street # A1	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	Miami, FL 33126	
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 (11/98)

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: Regina Pulido 2-11-99 266-8084
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #