

FILE NOW: FILING FEE IS \$61.25

FILED
Feb 23 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N07654** (9)
1. Corporation Name
NEW WORLD II CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 1480-A NW 107TH AVE. MIAMI FL 33172	Mailing Address 1480-A NW 107TH AVE. MIAMI FL 33172
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3. Date Incorporated or Qualified 02/15/1985	
4. FEI Number 59-2530211	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 1460 A. NW 107 AVE. Suite, Apt. #, etc. 22 City & State 23 MIAMI FL 33172 Zip 24 33172	2a. Mailing Address 26 1460 A NW 107 AVE. Suite, Apt. #, etc. 27 City & State 28 MIAMI FL Zip 29 33172 Country MIAMI 30 Dade
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent ISERN, JOSEPH P. - RES. MGR. 1480-A NW 107TH AVE. MIAMI FL 33172
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10. Name and Address of New Registered Agent 81 Name SAVER AS 1996-97. 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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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 **Joseph P. ISERN - RES. MGR. SEC. TRAS.** DATE **2/15/98**

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	PD
STREET ADDRESS	MESA, NOELIA
CITY-ST-ZIP	1460 Q NW 107TH AVE. MIAMI FL
TITLE	<input type="checkbox"/> DELETE
NAME	D
STREET ADDRESS	FAMADA, MARIO
CITY-ST-ZIP	1470 C NW 107TH AVE. MIAMI FL
TITLE	<input type="checkbox"/> DELETE
NAME	DST
STREET ADDRESS	ISERN, JOSEPH
CITY-ST-ZIP	1460A NW 107 AV MIAMI FL
TITLE	<input type="checkbox"/> DELETE
NAME	D
STREET ADDRESS	SEGRERA, PEDRO
CITY-ST-ZIP	1460-M NORTHWEST 107 AVENUE MIAMI FL
TITLE	<input type="checkbox"/> DELETE
NAME	DV
STREET ADDRESS	OROZCO, PABLO
CITY-ST-ZIP	1450 NORTHWEST 107 AVENUE MIAMI FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: **Joseph P. ISERN** DATE **2/15/98** (30) **5920124**

CR2E037 (10/97)