FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
'95 MAR 28 PM 6:23

DOCUMENT # N11204 (7)

1. Corporation Name

RESIDENCIAL EL PRADO CONDOMINIUM ASSOCIATION, IN C.

Principal Place of Business	Mailing Address
299 ALHAMBRA CIRCLE, S 521 P.O. BOX 111448 CORAL GABLES FL 33134	299 ALHAMBRA CIRCLE, S 521 P.O. BOX 111448 CORAL GABLES FL 33134

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/20/1985
3a. Date of Last Report: 03/10/1994
4. FEI Number: 65-0097835 ☐ Applied For ☐ Not Applicable

21	2. Principal Place of Business	26	2a. Mailing Address: 299 Alhambra Circle
22	Suite, Apt. #, etc	27	Suite, Apt. #, etc: 207
23	City & State	28	City & State: Coral Gables
24 / 25	Zip / Country	29 / 30	Zip: 33134 / Country: USA

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
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
AGUILERA, RAUL - SPM GRO 299 ALHAMBRA CIR NO 203 CORAL GABLES FL 33139	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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when name changed.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	~~VD~~	11 TITLE	☑ Change ☐ Addition: President D
NAME	~~ARREDONDO, JORGE~~	12 NAME	Luis Figueiras
STREET ADDRESS	~~2760 W. 62 PLACE 203~~	13 STREET ADDRESS	2730 W 60 Pl #101
CITY-ST-ZIP	~~HIALEAH FL~~	14 CITY-ST-ZIP	Hialeah FL 33016
TITLE	~~SD~~	21 TITLE	☑ Change ☐ Addition: Vice President D
NAME	~~ACOSTA, SERGIO~~	22 NAME	Santiago Fdarmis
STREET ADDRESS	~~2250 W. 60 PLACE #203~~	23 STREET ADDRESS	2940 W 60 St. #106
CITY-ST-ZIP	~~HIALEAH FL~~	24 CITY-ST-ZIP	Hialeah, FL 33016
TITLE	VD	31 TITLE	☑ Change ☐ Addition: Treasurer D
NAME	GONZALEZ, IVAN	32 NAME	Ruz Lazaro
STREET ADDRESS	2760 W. 62 PLACE #202	33 STREET ADDRESS	2940 W 60 St. #206
CITY-ST-ZIP	HIALEAH FL	34 CITY-ST-ZIP	Hialeah, FL 33016
TITLE		41 TITLE	☑ Change ☐ Addition: Secretary T
NAME		42 NAME	Alonso Ivonne
STREET ADDRESS		43 STREET ADDRESS	2940 W 60 Pl. #104
CITY-ST-ZIP		44 CITY-ST-ZIP	Miami, FL 33016
TITLE		51 TITLE	☐ Change ☐ Addition: Director T
NAME		52 NAME	Gonzalez Ivan
STREET ADDRESS		53 STREET ADDRESS	2760 W 62 Pl. #202
CITY-ST-ZIP		54 CITY-ST-ZIP	Hialeah, FL 33016
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: X _____ 3/22/95 825-1000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #