SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25).

FILED
Jul 29, 1999 8:00 am
Secretary of State

07-29-1999 90023 007 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999

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

DOCUMENT # N11898

1. Corporation Name

MIDWAY MALL TOWNHOUSES CONDOMINIUM ASSOCIATION, INC.

598496 - 90023 - 7

Principal Place of Business	Mailing Address
5545 SW 8ST SUITE 207 MIAMI FL 33134 US	5545 SW 8ST SUITE 207 MIAMI FL 33134 US

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 11/05/1985
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2814192 ☐ 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	10. Name and Address of New Registered Agent
HUERTAS, ERNESTO 5545 SW 8ST SUITE 207 MIAMI FL 33134	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	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	HUERTAS, ERNECTO		1.2 NAME		
STREET ADDRESS	5545 SW 8ST , SUITE 207		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33134		1.4 CITY-ST-ZIP		
TITLE	VPD	☒ DELETE	2.1 TITLE	VPD	☒ Change ☐ Addition
NAME	PRADA, ANA Y		2.2 NAME	MORALES, MIROSLAVA	
STREET ADDRESS	8001 N.W. 7TH ST., UNIT #15		2.3 STREET ADDRESS	8001 NW 7TH ST, UNIT # 4	
CITY-ST-ZIP	MIAMI FL		2. 4 CITY-ST-ZIP	MIAMI, FL 33134	
TITLE	T	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	HUERTAS, ERNESTO		3.2 NAME		
STREET ADDRESS	5545 SW 8ST , SUITE 207		3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33134		3.4. CITY-ST-ZIP		
TITLE	S	☒ DELETE	4.1 TITLE	S	☒ Change ☐ Addition
NAME	ARCOS-OLARTE, ESTEBAN		4. 2 NAME	VALDES, JOSE	
STREET ADDRESS	8001 N.W. 7TH ST., UNIT #10		4.3 STREET ADDRESS	8001 NW 7th ST, UNIT #18	
CITY-ST-ZIP	MIAMI FL		4.4 CITY-ST-ZIP	MIAMI, FL 33126	
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	ELSA CHIN		5.2 NAME		
STREET ADDRESS	8001 N.W. 7TH ST., UNIT #20		5.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		5.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	6.1 TITLE	D	☒ Change ☐ Addition
NAME	BISMARK GONZALEZ		6.2 NAME	FARIAS, ALINA.	
STREET ADDRESS	8001 N.W. 7TH ST., UNIT #9		6.3 STREET ADDRESS	8001 NW 7th ST, UNIT #16	
CITY-ST-ZIP	MIAMI FL		6.4 CITY-ST-ZIP	MIAMI, FL 33126	

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: [signature] REQUIRED 7/20/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (5/99)