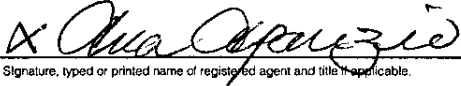


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90386 022 ****61.25

DOCUMENT # N11898 1. Entity Name MIDWAY MALL TOWNHOUSES CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 8001 NW 7TH STREET, UNIT #1 MIAMI, FL 33126 US			Mailing Address 8001 NW 7TH STREET, UNIT #1 MIAMI, FL 33126 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	03302004 Chg-NP CR2E037 (10/03) 4. FEI Number 59-2814192	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CRUZ, ADA B 8001 NW 7TH STREET, UNIT #1 MIAMI, FL 33126			Name ANA APARICIO Street Address (P.O. Box Number is Not Acceptable) 8001 NW 7 STREET # 5 City MIAMI FL Zip Code 33126		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE  Signature, typed or printed name of registered agent and title is applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	☒ Delete	TITLE	PRESIDENT	☐ Change ☒ Addition
NAME	CRUZ, ADA B		NAME	ANA APARICIO	
STREET ADDRESS	8001 NW 7TH STREET, UNIT #1		STREET ADDRESS	8001 NW 7 ST # 5	
CITY-ST-ZIP	MIAMI, FL 33126		CITY-ST-ZIP	MIAMI, FL 33126	
TITLE	VD	☒ Delete	TITLE	VICE-PRESIDENT	☐ Change ☐ Addition
NAME	ROMERO, MARIA		NAME	LIGIA MARIN	
STREET ADDRESS	8001 NW 7TH STREET, UNIT #13		STREET ADDRESS	8001 NW 7 ST #	
CITY-ST-ZIP	MIAMI, FL 33126		CITY-ST-ZIP	MIAMI, FL 33126	
TITLE	SD	☐ Delete	TITLE	SECRETARY	☐ Change ☐ Addition
NAME	MENESES, ERAYDA		NAME	ORLANDO GUTIERREZ	
STREET ADDRESS	8001 NW 7TH STREET, UNIT #14		STREET ADDRESS	8001 NW 7 ST #	
CITY-ST-ZIP	MIAMI, FL 33126		CITY-ST-ZIP	MIAMI, FL 33126	
TITLE	TD	☐ Delete	TITLE	TREASURER	☐ Change ☐ Addition
NAME	GUTIERREZ, ORLANDO		NAME	ERAYDA MENESES	
STREET ADDRESS	8001 NW 7TH STREET, UNIT #19		STREET ADDRESS	8001 NW 7 ST # 14	
CITY-ST-ZIP	MIAMI, FL 33126		CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date Daytime Phone #					