

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

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95 MAY -1 AM 8:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
ANNUAL REPORT  
1995



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

DOCUMENT # **N12945 (4)**

1. Corporation Name

**COMMODORE CENTRE CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

1801 S.W. 3RD AVE.  
MIAMI FL 33129-1416

1801 SOUTHWEST THIRD AVENUE  
8TH FLOOR  
MIAMI FL 33129  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>01/13/1986</b>	3a. Date of Last Report <b>08/17/1994</b>
4. FEI Number <b>65-0028785</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	<b>\$68.75</b> Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt #, etc	Suite, Apt #, etc
22	27
City & State	City & State
23	28
Zip	Country
24	25
Country	Zip
29	30

9. Name and Address of Current Registered Agent

**JIMENEZ, ROSE G.  
1801 SOUTHWEST THIRD AVENUE  
8TH FLOOR  
MIAMI FL 33129**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PERDIGAO, MARCIO	12 NAME	
STREET ADDRESS	1801 SOUTHWEST THIRD AVENUE, 8TH FLOOR	13 STREET ADDRESS	
CITY ST ZIP	MIAMI FL	14 CITY ST ZIP	
TITLE	TD	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEIRELES, CLAUDIA	22 NAME	
STREET ADDRESS	1801 SOUTHWEST THIRD AVENUE, 8TH FLOOR	23 STREET ADDRESS	
CITY ST ZIP	MIAMI FL	24 CITY ST ZIP	
TITLE	SD	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JIMENEZ, ROSE	32 NAME	
STREET ADDRESS	1801 SOUTHWEST THIRD AVENUE, 8TH FLOOR	33 STREET ADDRESS	
CITY ST ZIP	MIAMI FL	34 CITY ST ZIP	
TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)(b), 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 authorized 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: *Rose G. Jimenez* **ROSE G. JIMENEZ** 4/26/95 (305) 858-4358