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NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N12945

1. Corporation Name

COMMO	DORE CENTRE CONDOM	NIUM ASSOCIATION, IN	C.						
A Was Adda									ę
Principal Place of Business 1801 S.W. 3RD AVE. MIAMI FL 33129-1416 MIAMI FL 33129-1416 MIAMI FL 33129 US Mailing Address 1801 SOUTHWEST THIRI 8TH FLOOR MIAMI FL 33129 US			AVENUE			.,			
Principal Place of Business 2a. Mailing Address							3. Date Incorporated or Qualifed		
21 26							01/13/1986		
Suite, Apt. #, etc. Suite, Apt. #, etc.							4. FEI Number	Ap	plied For
22 27				···			65-0028785		t Applicable
City & State City & State							5. Certificate of Status Desired	\$8.75 △	
23				Country				Fee Re	
Zip	Country	Zip		ntry			6. Election Campaign Financing	\$5.00	- 1
24	25		30				Trust Fund Contribution 10. Name and Address of New Register	Added to	o rees
	9. Name and Address of Curre	ent Registered Agent		81	Name		TO. NAME AND ADDRESS OF NEW AUGUSTON	ou Agoin	
JIMENEZ, ROSE G.				82 Street Addr			ss (P.O. Box Number is Not Acceptable)		,
1801 SOUTHWEST THIRD AVENUE				83					
8TH FLOOR								11	<u></u>
MIAMI FL 33129				84	City		F	EL 85 Zip C	
11. Pursuant office or r agent. I a	to the provisions of Sections 617.03 egistered agent, or both, in the Stat m familiar with, and accept the oblig	i02 and 617.1508, Florida Statute e of Florida. Such change was au pations of, Section 617.0503, Flori	s, the at thorized ida Statu	by tes.	e-named the corpo	corpor oration	ation submits this statement for the purpose 's board of directors. I hereby accept the ap	of changing its pointment as reg	registered gistered
SIGNATURE	Signature, typed or printed name of registered as	sent and title if applicable. (NOTE:	Registered .	Ageni	t signatura #	equired v	when reinstating) DATE		
12.	OFFICERS AND DIRECTORS					<u> </u>	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12
TITLE	PD DELETE 1.1		1,1 TIT	LE				Change	☐ Addition
NAME	PERDIGAO, MARCIO			1.2 NAME					
STREET ADDRESS				1.3 STREET ADDRESS			•	• •	
CITY-ST-ZIP				1.4 CITY-ST-ZIP			· · · · · · · · · · · · · · · · · · ·	·	
TITLE	D , DELETE 2.1			2.1 TITLE				. Change	☐ Addition
NAME	LLAVERIAS, JULIO 22			MĒ				•	
STREET ADDRESS	100, 0,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			2.3 STREET ADDRESS					
CITY-ST-ZIP					T-ZIP			☐ Change	Addition
TITLE	SD □ DELETE 3.1							☐ Criange	☐ Addition
NAME	ONVICTOR, 1100E			3.2 NAME					
STREET ADDRESS	LOADS EI			3.3 STREET ADORESS			,	•	
CITY-ST-ZIP				3.4. CITY-ST-ZIP				Change	☐ Addition
TITLE		Deterie	4,1 111 4, 2 N/				•		
NAME OTDEET ADDRESS					ADDRESS				}
STREET ADDRESS	•		4.3 S 1						ļ
CITY-ST-ZIP		☐ DELETE	5.1 TIT		1 • ZIF			Change	☐ Addition
NAME	0	,	5.2 NA						
STREET ADDRESS			5.3 ST	REET	ADDRESS		•		
CITY-ST-ZIP			5.4 CIT	ry-st	r-ZIP				
TITLE		☐ DELETE	6.1 TIT	Œ				☐ Change	Addition
NAME	·.		62 NA	ME					
			6300	OCCT	AUUDEGG	I			1

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.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP