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NONPROFIT CORPORATION ANNUAL REPORT

DOCUMENT #



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

N20659

MILAM AIRPORT PARK III CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address % GLORIA.LERMA % GLORIA.LERMA 4995 N.W. 72ND AVE., SUITE 303 4995 N.W. 72ND AVE., SUITE 303 MIAMI FL 33166 MIAMI FL 33166 3. Date incorporated or Qualified 3a. Date of Last Report 05/15/1987 06/14/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0040180 21 26 Not Applicable Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Added to Fees Trust Fund Contribution Zip Country Zip Country 8. This corporation has liability for intangible tax under s. 199,032. 24 30 25 29 Florida Statutes ☐ Yes ☐ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name LERMA, GLORIA 82 Street Address (P.O. Box Number is Not Acceptable) 4995 N.W. 72ND AVE 83 SUITE 303 MIAMI FL 33166 84 City 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE DELETE Addition 11 TITLE Change NAME LERMA, GLORIA 1.2 NAME 4995 N.W. 72ND AVE. STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE TITLE VD 2.1 TITLE □ Change Addition NAME ESPIN, GLADYS 22 NAME 4995 N.W. 72ND AVE. STREET ADDRESS 2.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 2 4 CITY-ST-ZIP ☐ Addition TITLE DELETE 31 TITLE ☐ Change NAME BERTOLA,, CARLO CLERICO 3 2 NAME 4995 N.W. 72ND AVE. STREET ADDRESS 3.3 STREET ADDRESS MIAM! FL CITY-ST-ZIP 3 4. CITY-ST-ZIP DELETE TITLE Change Addition 41 TITLE NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CHTY-ST-ZIP DELETE ☐ Addition TITLE ☐ Change 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE TITLE ☐ Change ■ Addition 6.1 TITLE

14. Ido 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)(k), Fiorida 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 attact their with an address.

8.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

Elacca Kleina TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR C. A ...

12/95 **CR2E037**