

\$122.50

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT



98 MAR

FILED

99 MAY 24 AM 11:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1998/1999

DOCUMENT # N24146

1. Corporation Name

Alameda Torres 4 Condominium Assoc
Inc

Principal Place of Business

Mailing Address

5460 W 21 CT
Hialeah, FL 33016

2151 Le June Rd #305
Coral Gables, FL 33134

2. Principal Place of Business

21 Alameda Torres 4

Suite, Apt. #, etc

22 5460 W 21 CT

City & State

23 Hialeah, FL 33016

Zip

24 33016 25 USA

2a. Mailing Address

26 2151 Le June Rd

Suite, Apt. #, etc

27 305

City & State

28 Coral Gables FL

Zip

29 33134 30 USA

3. Date Incorporated or Qualified

12/30/87

4. FEI Number

65-0058841

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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

81 Name

Yablin & Schneider P.A.
699 South Federal Highway

83

84 City

Hollywood

FL

85 Zip Code

33020

11. Pursuant to the provisions of Sections 617.0592 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME President PD
STREET ADDRESS PEREZ MAURO
CITY-ST-ZIP 5460 W 21 CT #208
Hialeah, FL 33016

TITLE ☐ DELETE

NAME VPD VICE President
STREET ADDRESS Falcon A manco
CITY-ST-ZIP 5460 W 21 CT #206
Hialeah, FL 33016

TITLE ☐ DELETE

NAME Secretary SO
STREET ADDRESS mendez mantha
CITY-ST-ZIP 5460 W 21 CT #412
Hialeah, FL 33016

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

11 TITLE
12 NAME
13 STREET ADDRESS 500002895285--6
14 CITY-ST-ZIP -06/04/99--01067--001
****122.50 ****122.50

21 TITLE ☐ Change ☐ Addition

22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

5/21/99 (305) 444-6757

CR2E037 (11/98)