FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

95 MAY -1 PM 6:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N33307 (2)

1. Corporation Name

THE CARRIAGE CLUB NORTH CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
5005 COLLINS AVENUE MIAMI BEACH FL 33140	5005 COLLINS AVENUE MIAMI BEACH FL 33140

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/19/1989
3a. Date of Last Report: 07/15/1994
4. FEI Number: 65-0128840 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

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

9. Name and Address of Current Registered Agent

HYMAN, MICHAEL L.
44 WEST FLAGLER ST.
14TH FLOOR COURTHOUSE TOWER
MIAMI FL 33130

10. Name and Address of New Registered Agent

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

900001521393
-06/23/95--01000--015
****130.00 ****130.00

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	President, D	☒ Change ☐ Addition
NAME *	~~LEAL, JOSE~~	12 NAME	Alvarez, Michael	
STREET ADDRESS	5005 COLLINS AVE., STE. 1416	13 STREET ADDRESS	5005 Collins Avenue #1203	
CITY-ST-ZIP	MIAMI BEACH FL	14 CITY-ST-ZIP	Miami Beach, FL 33140	
TITLE	VD	21 TITLE	Vice President, D	☒ Change ☐ Addition
NAME	~~STAPLES, DAVID~~	22 NAME	Hernandez, Maria	
STREET ADDRESS	5005 COLLINS AVE., PH 6	23 STREET ADDRESS	5005 Collins Avenue #506	
CITY-ST-ZIP	MIAMI BEACH FL	24 CITY-ST-ZIP	Miami Beach, FL 33140	
TITLE	ST	31 TITLE	Secretary/Treasurer, O	☒ Change ☐ Addition
NAME	DAVIS, MIRTHA	32 NAME	Mirtha Davis	
STREET ADDRESS	5005 COLLINS AVE., PH 1017	33 STREET ADDRESS	5005 Collins Avenue #1017	
CITY-ST-ZIP	MIAMI BEACH FL	34 CITY-ST-ZIP	Miami Beach, FL 33140	
TITLE		41 TITLE	Vice President, O	☐ Change ☒ Addition
NAME		42 NAME	Alonso, Jose	
STREET ADDRESS		43 STREET ADDRESS	5005 Collins Ave. #1524	
CITY-ST-ZIP		44 CITY-ST-ZIP	M.B. FL 33140	
TITLE		51 TITLE	Director, D	☐ Change ☒ Addition
NAME		52 NAME	Fleshner, Noah	
STREET ADDRESS		53 STREET ADDRESS	5005 Collins Avenue #601	
CITY-ST-ZIP		54 CITY-ST-ZIP	Miami Beach, FL 33140	
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

5/1/95 MH

REMITTED BY MAY 1

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)(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.

SIGNATURE: _____ 4/15/95 (305) 866-6156
SIGNATURE AND TYPED OR PRINTED NAME OF DIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

MIRTHA N DAVIS - SECRETARY/TREASURER

6042101