FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



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

1996

SIGNATURE: _

N92000000914 (3) DOCUMENT #

1. Corporation Name

24 STREET CONDOMINIUM OWNERS, INC.								
Principal Place	of Business	Mailing Address				T (MB)4401 GIR (DIID IIDIA DDIII GAILE	 	
C/O FRANCES 1878 NW 24 S MIAMI FL 3314	STREET APT #3	C/O FRANCES MACK 1878 NW 24 STREET APT #3 MIAMI FL 33142						
MINMI EL 3311	12					3. Date Incorporated or Qualified 12/22/1992	3a. Date of La 05/01/	
2. Principal Pla	ace of Business	2a. Mailing Address 26				4. FEI Number 65-0352966		Applied For Not Applicable
Suite, Apt. #	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired S8.75 Additional Fee Required		
City & State		City & State				Election Campaign Financing Trust Fund Contribution Added to Fees		
Zip	Country 25	Zip 29	30 Cou	untry		This corporation has liability for in Florida Statutes	ntangible tax under Yes M No	s. 199.032,
. <u></u>	9. Name and Address of Curren	t Registered Agent		T		10. Name and Address of New R	egistered Agent	
				81	Name			
MACK, FRANCES				82	Street Add	ess (P.O. Box Number is Not Acceptable)		
1878 NW 24 STREET APT #3				83				
MIAMI FL 33142				84	City		FL 85	
				Ш		ration submits this statement for the pur ird of directors. I hereby accept the appo	<u> FL </u>	istand office
SIGNATURE 4	Signature, typed or printed name of registered agent OFFICERS AN		TE Registered	d Agent		PRESIDENT d when renstating) ADDITIONS/CHANGES TO OFF	DAR. ICERS AND DIREC	
TITLE	PTD		1.1 7		1			: [] Addition
NAME	MACK, FRANCES 1878 NW 24 STREET, APT. #	9		AME	ADDRESS			
STREET ADDRESS	MIAMI FL 33142	J						
CITY-ST-ZIP TITLE	SD SD	DELETE		1.4 CITY - ST - ZIP 2.1 TITLE			Chang	e Addition
NAME	ANDINO, VICTORIA	_	2.2 N	IAME				
STREET ADDRESS	1878 NW 24 STREET, APT. #	6	2.3 S	TREET	ADDRESS			
CITY-ST-ZIP	MIAMI FL 33142		2.44	CITY-S	T-ZIP			
TITLE	VD	DELETE	31 T	TITLE			Chang	e 🛗 Addition
NAME	RAMIREZ, JOSE	_		IAME				-
STREET ADDRESS	1878 NW 24 STREET, APT. #	5			ADDRESS			
CITY-ST-ZIP	MIAMI FL 33142	DELETE	3 4. I	CITY-S	T-ZIP		Chang	e Addition
TITLE		Doctor		NAME				
NAME STREET ADDRESS					ADDRESS			
CITY-ST-ZIP				CITY-S	l.			
TITLE		DELETE	5.17				☐ Chang	e Addition
NAME			5.2 1	NAME				
STREET ADDRESS			5.3 9	STREET	ADDRESS			
CITY-ST-ZIP			5.4 (CITY - S	T- ZIP			
TITLE		DELETE	6.1 1				☐ Chang	e Addition
NAME				NAME				
STREET ADDRESS			l l		ADDRESS			
CITY-ST-ZIP		with this files is columbative from	sighad and	CITY-S	not qualify	for the exemption stated in Section 119	07(3)(k) Ebrida Sta	tutes I further
certify that	t the information indicated on this app	ual report or supplemental and pration or the receiver or truste	iuai report e empowe	IS Trill	ie and accur	to the exemption state in Section 119 atte and that my signature shall have the his report as required by Chapter 617, Fi	same legal effect a	s it made under