FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS **FILED**

Secretary of State

Mar 17 1996 8:00 am

1996

Principal Place of Business

appears in Block 12 or Block

SIGNATURE

830 EUCLID AVE.

DOCUMENT #

N93000001802 (8)

Mailing Address

C/O PIERRE LA BELLE

830 EUCLID AVENUE. #7

DECOLUX CONDOMINIUM ASSOCIATION, INC.

MIAMI BEACH FL MIAMI BEACH FL 33139 3. Date Incorporated or Qualified 3a. Date of Last Report 03/20/1995 04/22/1993 Applied For 4. FEI Number 2a. Mailing Address 2. Principal Place of Business 65-04 1548 1 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Suite, Apt. #, etc. Fee Required 27 22 \$5.00 May Be City & State 6. Election Campaign Financing City & State Added to Fees Trust Fund Contribution 28 23 8. This corporation has liability for intangible tax under s. 199.032, Country Zip Country Zıρ ☐ Yes ☐ No Florida Statutes 30 29 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name Street Address (P.O. Box Number is Not Acceptable) 82 LA BELLE, PIERRE 830 EUCLID AVE. B3 Zip Code MIAMI BEACH FL 33139 85 City 84 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 (12/95)[NOTE: Registered Agent signature required when reinstating] Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Addition Change DELETE 1.1 TITLE TITLE CR2E037 12 NAME LA BELLE, PIERRE NAME 1.3 STREET ADDRESS 830 EUCLID AVE., #7 STREET ADDRESS 1.4 CITY - ST - ZIP MIAMI BEACH FL CITY-ST-ZIP Change ☐ Addition DELETE 21 TITLE TITLE 2.2 NAME WILLIAMS, ERIN NAME 2 3 STREET ADDRESS 826 EUCLID AVENUE, #5 STREET ADDRESS 2 4 CITY - ST - ZIP MIAMI BEACH FL CHTY-ST-ZIP Addition Change 31 TITLE DELETE TITLE 3 2 NAME DONNELLY, JAMES NAME 33 STREET ADDRESS 826 EUCLID AVENUE STREET ADDRESS 34 CITY-ST-ZIP MIAMI BEACH FL CITY-ST-ZIP Change Addition DELETE 4.1 TITLE TITLE 4. 2 NAME DONNELLY, JAMES NAME 4.3 STREET ADDRESS 826 EUCLID AVE. #12 STREET ADDRESS 4.4 CITY - ST-ZIP MIAMI BEACH FL CITY - ST - ZIP ■ Addition 9000017468**89**° DELETE 5.1 TITLE TITLE -03/18/96--01052--001 52 NAME ***70.00 5.3 STREET ADDRESS STREET ADDRESS 54 CITY-ST-ZIP CITY - S1 - ZIP Change DELETE 61 TITLE TITLE 62 NAME NAME 6 3 STREET ADDRESS STREET ADDRESS 64 CITY-ST-ZIP 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)(k). 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 cath; that I am an officer or director of the corporation protein receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name propaga in Richard 13 or Florida Statutes.

YEARE LABELLE