

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90239 019 ****61.25

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1. Corporation Name

PLAZAWEST WAREHOUSE CONDOMINIUM ASSOCIATION, INC

Principal Place of Business

12394 SW 82 AVE
MIAMI FL 33125
US

Mailing Address

THE FOSTER CO.
12394 S.W. 82ND AVE
MIAMI FL 33156
US



2. Principal Place of Business

21 **8182 NW 31st**

Suite, Apt. #, etc.

22 City & State
Miami FL

23 Zip **33122** Country **USA**

2a. Mailing Address

26 **P.O. Box 56**

Suite, Apt. #, etc.

27 City & State
Miami FL

28 Zip **33256** Country **USA**

3. Date Incorporated or Qualified

10/27/1993

4. FEI Number

59-1958797

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

SCOTT, F JOSEPH
12394 SW 82ND AVE
MIAMI FL 33156

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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

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 **PD PALOMO, GUILLERMO**
STREET ADDRESS **8182 NW 31ST ST**
CITY-ST-ZIP **MIAMI FL 33122**

TITLE ☐ DELETE

NAME **VD GIL, SIMON**
STREET ADDRESS **3061 NW 82ND AVE**
CITY-ST-ZIP **MIAMI FL**

TITLE ☐ DELETE

NAME **VD LAZZO, DINO**
STREET ADDRESS **8178 NE 31ST ST**
CITY-ST-ZIP **MIAMI FL 33122**

TITLE ☐ DELETE

NAME **TD OLMOS, GUSTAVO N**
STREET ADDRESS **8190 NW 31ST ST**
CITY-ST-ZIP **MIAMI FL 33122**

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

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)