FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

POCUMENT #

N93000005513 (7)

FLIGHTWAY BUSINESS PARK CONDOMINIUM ASSOCIATION,

FILED Apr 23 1998 8:00am Secretary of State

| INC. | | | | | | ji iiii | | | | |
|---|--|---|-------------------------------|--|---|---|-------------------|-----------------------|----------------------------|--|
| Principal Place of Business Mailing Address | | | | | | - | | UNIUH II | 1000 (4)1 (00) | |
| SHAYDEE CEBALLOS | | %HAYDEE CEBALLOS 354 SEVILLA AVE. CORAL GABLES FL 33134 | | | 3. Date Incorporated or Qualified | | | | | |
| 354 SEVILLA AVE CORAL GABLES FL 33134 | | | | | | 12/01/1993 | | | | |
| J CONTRACTOR | 5 TE 00104 | CONNE GABLES PE 33134 | | | | 4. FEI Number | | Αp | plied For | |
| | | | | | | 65-0560934 | | No | t Applicable | |
| 21 | Place of Business | 2a. Mailing Address 28 | | | 5. Certificate of Status Desired | | | Additional equired | | |
| Suite, Apt | #, etc. | Suite, Apt. #, etc. | | | Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees | | | | |
| City & Stat | 0 | City & State | | | · | 7. Is this nonprofit corporation a homeowner | | | | |
| 23 | | 28 | | | | |] No | | | |
| Zip | Country Zip Co | | | try 8. This corporation owes or has paid the current year Intangible | | | | | | |
| 24 | 25 29 30 | | | | | Personal Properly Tax due June 30. 🔀 Yes 🗌 No | | | | |
| | 9. Name and Address of Curre | int Registered Agent | | | | 10. Name and Address of New Registered | Agent | | | |
| | | | 81 | 1 | Name | | | | | |
| CEBALLOS, HAYDEE | | | | 1 | Street Addre | ss (P.O. Box Number is Not Acceptable) | | | | |
| | 'ILLA AVE. | | | Ļ., | | | | | | |
| CORAL | GABLES FL 33134 | | 83 | 1 | | | | | | |
| | | | 84 | 1 | City | | 85 | Zip (| Code | |
| 44 5 | | | | | | FL | 1 1 | | | |
| office or r | to the provisions of Sections 617.05 registered agent, or both, in the Stat | :02 and 617.1508, Florida Statute: :e of Florida. Such change was at | is, the above uthorized by | 'e-n v (h | amed corpo re corporatio | oration submits this statement for the purpose of on's board of directors. I hereby accept the app | chanç ointme | jing it: ent as | s registered registered | |
| agent. I a | m familiar with, and accept the obli | gations of, Section 617.0503, Flor | rida Statutes | S. | | app | ,,,,,,,, | | | |
| SIGNATURE . | | | | | | | | | | |
| 12, | Signature: typed or printed name of requelined agent and title it applicable. (NOTE: Re OFFICERS AND DIRECTORS | | _ | egistered Agent signature requir | | d when reinstating) ADDITIONS/CHANGES TO OFFICERS AND | הוסבו | ᡯᠮᡘᡖ | C IN 12 | |
| TITLE | PD OFFICERS AT | DELETE | 1.1 TITLE | | | ADDITIONS/CHANGES TO OFFICERS AND | | | Addition | |
| NAME | FRANCISCO, VALTER J | | 1.2 NAME | | | | | ange | L_ Addition | |
| STREET ADDRESS | %354 SEVILLA AVE. | | | 1.3 STREET ADDRESS | | | | | | |
| CITY-ST-ZIP | CORAL GABLES FL 33134 | | | | [| | | | | |
| TITLE | SD | DELETE | 1.4 CITY-ST- 2.1 TITLE | | (P) | | ☐ Cha | anne | Addition | |
| NAME | CEBALLOS, HAYDEE | | 2.2 NAME | | | | | ungo | | |
| STREET ADDRESS | 354 SEVILLA AVE. | | 2.3 STREET ADDRESS | | DBESS | | | | | |
| CITY-ST-ZIP | CORAL GABLES FL 33134 | | 2.4 CITY-S | | | * | | | | |
| TITLE | VID | L. DELETE | 3.1 TITLE | 31-1 | LIF . | | Chi | anne | Addition | |
| NAME | PIMENTA, JOSUE DIMAS D | | 3.2 NAME | | ľ | | | ungo | | |
| STREET ADDRESS | %354 SEVILLA AVE. | | 3.3 STREET | r ani | DRESS | | | | | |
| CITY-ST-ZIP | CORAL GABLES FL 33134 | | 3.4. CITY - ST- | | | | | | | |
| TITLE | 00.00 | DELETE | 4.1 TITLE | 31-2 | EII . | | [] Cha | ange | Addition | |
| NAME | | | 4. 2 NAME | | | | | • | | |
| STREET ADDRESS | | | 4.3 STREET | r ADI | DRESS | | | | | |
| City-St-ZiP | | | 4.4 CITY - S | 3T-Z | IP | | | | | |
| THILE | | DELETE | 5.1 TITLE | | · | | ☐ Chá | ange | Addition | |
| NAME | | | 52 NAME | | | | | | | |
| STREET ADDRESS | | | 5.3 STREET | ADE | DRESS | | | | | |
| CITY-ST-ZIP | | | 5.4 CITY-S | ST - Z | IP | | | | | |
| TITLE | | ☐ DELETE | 6.1 TITLE | | | | ☐ Cha | ange | Addition | |
| NAME | | | 6.2 NAME | | | | | | | |
| STREET ADDRESS | | | 6.3 STREET | ADI | DRESS | | | | | |
| CITY-ST-ZIP | | | 6.4 CITY-S | i - Z | IP | | | | | |
| 14. I hereby c | certify that the information supplied v | with this filing does not qualify for | the exempl | tior | n stated in S | ection 119.07(3)(i), Florida Statutes. I further ce | tify the | at the | information | |
| officer or o | oir this arindal report of supplement director of the corporation or the rec or Block 13 if changed, or on an atte | ceiver or trustee empowered to ex | xecute this r | rep | ny signature fort as requir | shall have the same legal effect as if made united by Chapter 617, Florida Statutes; and that m | ier oat iy nam | n; tna ie app | ears in | |

HAYDUR A. CEBAILOS Y/ILLISA (305)448-5255