FILE NOW: FILING FEE AFTER MA[illegible] $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 1:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000000631 (1)

1. Corporation Name
DAPF CONDOMINIUM, INC.

REMITTED BY MAY 1

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
95 S.W. 30TH AVE. #3 MIAMI FL 33135	95 S.W. 30TH AVE. #3 MIAMI FL 33135

3. Date Incorporated or Qualified: 01/31/1994
3a. Date of Last Report:
4. FEI Number: 65-0485765 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21)
Suite, Apt. #, etc. (22)
City & State (23)
Zip (24) Country (25)

2a. Mailing Address (26)
Suite, Apt. #, etc. (27)
City & State (28)
Zip (29) Country (30)

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

9. Name and Address of Current Registered Agent

JOSEFINA, FREEMAN MRS.
95 S.W. 30TH AVE.
#3
MIAMI FL 33135

10. Name and Address of New Registered Agent

91 Name
92 Street Address (P.O. Box Number is Not Acceptable)
93
94 City **FL** 95 Zip Code

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	D.	1.1 TITLE	☐ Change ☐ Addition
NAME	PEDRO RIVERON	1.2 NAME	
STREET ADDRESS	95 SW 30th Ave. Ste. #1,	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FLORIDA, 33135	1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE	D.	2.1 TITLE	
NAME	FRANCISCO R. FREEMAN,	2.2 NAME	
STREET ADDRESS	95 SW 30th Ave. Ste. #3	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FLORIDA, 33135	2.4 CITY-ST-ZIP	☒ Change ☐ Addition
TITLE	D.	3.1 TITLE	
NAME	REY FERNANDEZ-Q.	3.2 NAME	LORENZO TRAVIESO.
STREET ADDRESS	5934 SW 50th St.	3.3 STREET ADDRESS	1782 West Flagler St.
CITY-ST-ZIP	MIAMI, FLORIDA, 33155	3.4 CITY-ST-ZIP	MIAMI, FLORIDA, 33135
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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)(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: LORENZO TRAVIESO, SECRETARY 4-17-95
MANUAL SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

004733