

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
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90029 034 ****61.25

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DOCUMENT # N94000004850

1. Corporation Name

ROMIR CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

2975 SW 129 AVE
MIAMI FL 33175

Mailing Address

2975 SW 129 AVE
MIAMI FL 33175



2. Principal Place of Business

21 12101 N.W. 98th. Ave.

Suite, Apt. #, etc.

22 City & State

23 Hialeah Gardens, FL.

Zip Country

24 33018 25 Dade

2a. Mailing Address

26 12101 N.W. 98th. Ave.

Suite, Apt. #, etc.

27 5

City & State

28 Hialeah Gardens, FL.

Zip Country

29 33018 30 Miami-Dade

3. Date Incorporated or Qualified
09/30/1994

4. FEI Number
65-0582210

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

SCHWARTZ, KENNETH J
4699 SW 72 AVE
MIAMI FL 33155

10. Name and Address of New Registered Agent

81 Name

Mario Martinez

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

12101 N.W. 98th Ave. # 2

83

84 City

Hialeah Gardens

FL

85 Zip Code
33018

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]*
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 PD
NAME VEGA, ROLANDO
STREET ADDRESS 2975 SW 129 AVE
CITY-ST-ZIP MIAMI FL 33175
☒ DELETE

TITLE VD
NAME VEGA, MIREYA
STREET ADDRESS 2975 SW 129 AVE
CITY-ST-ZIP MIAMI FL 33175
☒ DELETE

TITLE STD
NAME VEGA, MIREYA(DAUGHT)
STREET ADDRESS 2975 SW 129 AVE
CITY-ST-ZIP MIAMI FL 33175
☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President ☒ Change ☐ Addition
1.2 NAME Mario Martinez
1.3 STREET ADDRESS 12101 N.W. 98th Ave. # 2
1.4 CITY-ST-ZIP Hialeah Gardens FL. 33018

2.1 TITLE Secretary ☒ Change ☐ Addition
2.2 NAME Alberto Sanchez
2.3 STREET ADDRESS 12101 N.W. 98th. Ave. #6
2.4 CITY-ST-ZIP Hialeah Gardens FL. 33018

3.1 TITLE Treasurer ☒ Change ☐ Addition
3.2 NAME Nilda Monzon
3.3 STREET ADDRESS 12101 N.W. 98th. Ave. # 5
3.4 CITY-ST-ZIP Hialeah Gardens FL. 33018

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
☐ Change ☐ Addition

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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/99 305 821-0888
Date Daytime Phone #

CR2E037 (11/98)