FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #

Principal Place of Business

SIGNATURE:

N9400005000 (4)

Mailing Address

THE HADANA	CONDOMINIUM	MOLTALOGGA	INC
THE HABANA	CONDOMINIUM	ASSUGIATION:	INU.

1308 DREXEL AVE #308 MIAMI BEACH FL 33139		1308 DREXEL AVE #308 MIAMI BEACH FL 33139		3. Date Incorporated or Qualified 10/05/1994	3a. Date of Last Report 09/15/1995			
2. Principal Pla	ice of Business	2a. Mailing Address				4. FEI Number	062 Applied F	
21		26		,		APPLIED FOR 723	Not Appl	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	S8.75 Addition			
City & State		City & State				Election Campaign Financing Trust Fund Contribution	S5.00 May 6 Added to Fee	
Zip 24	Country 25	Zip 29	30 Co.	ıntry	-	This corporation has liability for in Fiorida Statutes	itangible tax under s. 199.032] Yes []] No	2,
£4.	9. Name and Address of Current		11	Ι		10. Name and Address of New Re	gistered Agent	
				81	Name			
CDUNIC	STEVEN C			82	Street Adr	dress (P.O. Box Number is Not Acceptable	e)	
CRONIG, STEVEN C 300 COURVOISIER CTR					Olloctria	31000 (1000		
	CKELL KEY DR			83				
•	L 33131-2623			84	City		FL 85 Zip Code	
*or, register familiar wit SIGNÄTURE	ed agent, or both, in the State of Florid th, and accept the obligations of, Section	a. Such change was authoriz on 617,0503, Florida Statutes	zed by the s.	corpo	eration's Do	oration submits this statement for the purj aird of directors. I hereby accept the appo	ose of changing its registere intment as registered agent. I	d office I am
	Signature, typeo or printed name of registered agent		O*E: Registere		signature requi	red when reinstating) ADDITIONS/CHANGES TO OFFI		12
12.	OFFICERS AND	DELETE		TITLE	Т	ADDITIONS/GHANGES TO CITT	Change Ad	
TITLE NAME	DP 100F	Пресел		NAME				
STREET ADDRESS	CHAO, JOSE 1308 DREXEL AVENUE, #308				ADDRESS			
CITY-ST-ZIP	MIAMI BEACH FL 33139		1	OITY-S'				
TITLE	DT	DELETE		ITLE			Change Ac	ddition
NAME	LACASSEE, MARGARET		2.21	NAME				
STREET ADDRESS	1308 DREXEL AVENUE #104		2.3 9	STREET	ADDRESS			
CITY-ST-ZIP	MIAMI BEACH FL 33139		2.4	CITY-S	7-7IP			
TITLE	DS	DELETE	3.1	TITLE			Change Ac	ddition
NAME	THORNTON, JOHN ANDRES			MAME	.			
STREET ADDRESS	1308 DREXEL AVENUE, #101	}			ADDRESS			
CITY-ST-ZIP	MIAMI BEACH FL 33139	□ DELETE		CHY-S	11 - ZIP		☐ Change ☐ Ad	ddition
TITLE		Pherene		TITLE NAME			the seconds and the	
NAME					ADDRESS		المساء فيسم فيسد	
STREET ADDRESS				OTMEET CITY-S		000001ຄຣ -05/23/96010	16014	
CHY+ST-ZIP TITLE		DELETE		TITLE	· En	****81.25	Change A	ddition
NAME		Brief		NAME		WWW.OIFEO		
STREET ADORESS					ADDRESS			
CITY-ST-ZIP			1	CITY-S				
TITLE		DELETE		TITLE			☐ Change ☐ A	ddition
NAME			6.2	NAME				
STREET ADDRESS			6.3	STREET	ADDRESS			
1	l			CITY C	, 7,D			

14. I do hereby certify that the information supplied with this filling 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 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.

HO TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone