FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998

Market M

一名不明日 一条一条 人名英多斯 医唇唇 人名英格兰 人名斯特 人名斯特特 医多种性神经炎 经人的过去式和过去分词



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N97000004319 (6)

MIAMI INTERNATIONAL BUSINESS PARK MAINTENANCE AS SOCIATION, INC.

APPROVED AND FILED

98 APR 24 PM 1: 03

SECRETARY OF STATE TALLAHASSEE, FLORIDA



							ART MINNE ANIMA I	
Principal Place of Business Mailing Address						INI BONK BOND DE	III BYDDD IYDD I	101F 1011 1001
7401 NW 7TH STREET		7401 NW 7TH STREET		3. Date Incorporated or Qualific	ed be		·····	
MIAMI FL 33126	5	MIAMI FL 33126			07/30/1997			
					4. FEI Number		Ar	plied For
					65-0788268		No	t Applicable
	lace of Business	2a. Mailing Address			5. Certificate of Status Desired		\$8.75	Additional
	CORAL WAY	26 2300 CORAL WAY			57 Continuate of Status Desired		Fee Re	
Sulte, Apt.		Suite, Apt. #, etc.			6. Election Campaign Financin		\$5.00	
22 SUITE City & State	<u>#_200</u>	27 SUITE # 200 City & State			Trust Fund Contribution		Added to	
	F L ORIDA	├─ .i			7. Is this nonprofit corporation a homeowners association?			
Zip Zip	Country	Zip Country						
33145	— ···				This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.			
	9. Name and Address of Current	[-0]	91		10. Name and Address of New			140
			81	Name				
FLORIDA ANNUAL REPORT SERVICES, INC.				ļ.,				
2300 CORAL WAY			82	Street	Address (P.O. Box Number is Not Acce		762	1
MIAMI FL 33145			83	!	-04/2	87980	<u> </u>	וחז בוחו
ting with 1 t	L 00143	_		<u></u>		*61_25	****	61.25
			84	City		FI	85 Zip (Code
11. Pursuant	to the provisions by Sections 617 0502	and \$17.1508 Florida Statutes	, the abov	e-named	corporation submits this statement for ti	ne purpose of	changing it	s registered
office or n	legistered agont, lot both in the State on the laboration of the	if Flouda. Such change was aut ions of Rection 617 0503. Florid	thorized by	y the corp	corporation submits this statement for the poration's board of directors. I hereby ac	cept the app	ointment as	registered
SIGNATURE		AMADA C	ANTER	A LOP	EZ.PRES	2/-	21-	28
	Signature, typed or printed name of registered agent		Registered Ag	ent signaturo	required when reinstating)	DATE		•
12.	- OFFICERS AND		13.		ADDITIONS/CHANGES TO OF	FICERS AND		
TITLE	DP	☐ DELETE	1.1 TITLE				☐ Change	Addition
NAME	LOPEZ-CANTERA, CARLOS		1.2 NAME					
STREET ADDRESS	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		1.3 STREET	ADDRESS				
CITY-ST-ZIP	MAMI FL 33126	T octor	1.4 CITY - S	T-ZIP				
TITLE	0	☐ DELETE	2.1 TITLE				Change	Addition
NAME	KATSIKOS, LEE		2.2 NAME					
STREET ADORESS	7401 N.W. 7TH STREET		2.3 STREET					
CITY-ST-ZIP	MIAMI FL 33126	DELETE	2. 4 CITY-	ST-ZIP			0(A 4 8 6 5
TITLE	D LABORA AMIDA		3.1 TITLE				L Change	Addition
NAME DYDGET LODGEGG	LARREA, LINDA		3.2 NAME					
STREET ADDRESS	7401 N.W. 7TH STREET		3.3 STREET					
CITY-ST-ZIP TITLE	MIAMI FL 33126 STV	DELETE	3.4. CITY-1	ST-ZIP			Change	Addition
NAME	GONZALEZ, MARIA	E. Dettell	4. 2 NAME				Change	L Addition
STREET ADDRESS	7401 NW 7TH STREET		4.2 NAME	ADDRESS				
CITY-ST-ZIP	MIAMI FL 33126							
TITLE	MICHIEL COTEO	DELETE	4.4 CITY - S 5.1 TITLE	11-217		-	☐ Change	Addition
NAME		west over the	5.2 NAME					
STREET ADDRESS			5.3 STREET	ADDRESS				
CITY-ST-ZIP			5.4 CITY - S		10/10/			
TITLE		DELETE	6.1 TITLE) - KIT	(N) Olyx,		Change	Addition
NAME		·	6.2 NAME	+	16 1			
STREET ADDRESS			6.3 STREET	ADDRESS	<i>M</i> ,			
CITY-ST-ZIP			64 CITY-S		7			

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 a patient 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 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 supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated on this annual report or supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii), Florida Statutes. I further certification indicated in Section 119.07(3)(ii), Florida Statutes. I further certification indicated in Section 119.07(3)(ii), Florida Statutes. I further certification indicated in Section 119.07(3)(ii), Florida Statutes. I further certification indicated in Section 119.07(3)(ii), Florida Statutes. I further certification indicated in Section 119.07(3)(ii), Florida Statutes. I further certification indicated in Section 119.07(3)(ii), Florida Statutes. I further certification indicated in Section 119.07(3)(ii), Florida Statutes. I further certification indicated in Section 119.07(3)(ii), Florida Statutes. I further certification indicated in Section 119.07(3)(ii), Florida Statutes.

SIGNATURE:

4- 21-98