

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Aug 18, 1999 8:00 am
Secretary of State

08-18-1999 90005 032 ****70.00

DOCUMENT # N98000004032

1. Corporation Name

MAISON PACO RABANNE CONDOMINIUM ASSOCIATION, INC

Principal Place of Business

1111 LINCOLN ROAD
SUITE 750
MIAMI BEACH FL 33139

Mailing Address

1111 LINCOLN ROAD
SUITE 750
MIAMI BEACH FL 33139

607299-90005-32



2. Principal Place of Business

2a. Mailing Address

21 **5900 COLLINS AVE**

26 **5900 COLLINS AVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **MANAGEMENT OFFICE**

27 **MANAGEMENT OFFICE**

City & State

City & State

23 **MIAMI BEACH, FL**

28 **MIAMI BEACH, FL**

Zip

Country

Zip

Country

24 **33140**

25 **USA**

29 **33140**

30 **USA**

3. Date Incorporated or Qualified

07/10/1998

4. FEI Number

22-361-1845

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

HESS, DAVID
6345 COLLINS AVENUE
MIAMI BEACH FL 33141

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **PD FRANCA, RUY**
STREET ADDRESS **1111 LINCOLN ROAD SUITE 750**
CITY-ST-ZIP **MIAMI BEACH FL 33139**

TITLE ☐ DELETE
NAME **VPD LUCIO SCAF, FLAVIO**
STREET ADDRESS **1111 LINCOLN ROAD SUITE 750**
CITY-ST-ZIP **MIAMI BEACH FL 33139**

TITLE ☐ DELETE
NAME **STD HESS, DAVID**
STREET ADDRESS **6345 COLLINS AVENUE**
CITY-ST-ZIP **MIAMI BEACH FL 33141**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME **DAVID HESS**
1.3 STREET ADDRESS **6345 COLLINS AVENUE**
1.4 CITY-ST-ZIP **MIAMI BEACH, FL 33141**

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME **VPD PAULO KROEFF**
2.3 STREET ADDRESS **5900 COLLINS AVE**
2.4 CITY-ST-ZIP **MIAMI BEACH, FL 33140**

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME **STD RUY FRANCA**
3.3 STREET ADDRESS **5900 COLLINS AVE**
3.4 CITY-ST-ZIP **MIAMI BEACH, FL 33140**

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME **TD DAVID HESS**
4.3 STREET ADDRESS **6345 COLLINS AVE**
4.4 CITY-ST-ZIP **MIAMI BEACH, FL 33141**

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

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

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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/11/99

Date

305-868-0010

Daytime Phone #

CR2E037 (5/99)