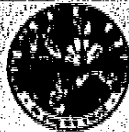


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morfitt
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAR -2 PM 3:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 736966 (3)

1. Corporation Name

FERNWOODS CONDOMINIUM ASSOCIATION #2, INC.

Principal Place of Business

Mailing Address

C/O MIAMI MANAGEMENT INC
14538 SW 119 AVENUE
MIAMI FL 33186

% CPM
13500 N. KENDALL DR. 140
MIAMI FL 33186

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/04/1976

3a. Date of Last Report

08/24/1994

4. FEI Number

59-1551361

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

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

2. Principal Place of Business

2a. Mailing Address

21 c/o Courtesy Prop. Mgmt.

Suite, Apt. #, etc.

Suite 140

27 Suite, Apt. #, etc.

22 13500 N. Kendall Dr.

City & State

28 City & State

23 Miami, FL

28 City & State

Zip

Country

Zip

Country

24 33186

25 Dade

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SKRLD, INC
201 ALHAMBRA CIRCLE
STE 1102
CORAL GABLES FL 33134

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 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

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	NERY QUINONES
STREET ADDRESS	110 NW 85 COURT
CITY- ST- ZIP	MIAMI FL 33126
TITLE	VP
NAME	FEDERICO GARCIA
STREET ADDRESS	702 NW 87 AVE #411
CITY- ST- ZIP	MIAMI, FL 33126
TITLE	TD
NAME	HIRCH ALLEN
STREET ADDRESS	702 NW 87 AVE # 404
CITY- ST- ZIP	MIAMI FL 33126
TITLE	D
NAME	OLGA CAO
STREET ADDRESS	402 NW 87 AVE. # 204
CITY- ST- ZIP	MIAMI FL 33126
TITLE	D
NAME	GLORIA SANCHEZ
STREET ADDRESS	702 NW 87 AVE. # 404
CITY- ST- ZIP	MIAMI FL 33126
TITLE	PO
NAME	DALY, THOMAS
STREET ADDRESS	508 N.W. 87TH AVENUE 308
CITY- ST- ZIP	MIAMI FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	Secretary/Director ☒ 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 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)(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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime (Phone #)

2/20/95