FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAR -2 PM 3:17
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. 22 13500 N. Kendall Dr. Suite 140	Suite, Apt. #, etc. 27
City & State 23 Miami, FL	City & State 28
Zip 24 33186	Zip 29
Country 25 Dade	Country 30

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City FL 35 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	1.1 TITLE		☐ Change ☐ Addition
NAME	NERY QUINONES	1.2 NAME		
STREET ADDRESS	110 NW 85 COURT	1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33126	1.4 CITY-ST-ZIP		
TITLE	VP	2.1 TITLE		☐ Change ☐ Addition
NAME	FEDERICO GARCIA	2.2 NAME		
STREET ADDRESS	702 NW 87 AVE #411	2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33126	2.4 CITY-ST-ZIP		
TITLE	TD	3.1 TITLE		☐ Change ☐ Addition
NAME	HIRCH ALLEN	3.2 NAME		
STREET ADDRESS	702 NW 87 AVE # 404	3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33126	3.4 CITY-ST-ZIP		
TITLE	D	4.1 TITLE		☐ Change ☐ Addition
NAME	OLGA CAO	4.2 NAME		
STREET ADDRESS	402 NW 87 AVE. # 204	4.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33126	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE	Secretary/Director	☒ Change ☐ Addition
NAME	GLORIA SANCHEZ	5.2 NAME		
STREET ADDRESS	702 NW 87 AVE. # 404	5.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33126	5.4 CITY-ST-ZIP		
TITLE	~~PD~~	6.1 TITLE		☐ Change ☒ Addition
NAME	DALY, THOMAS	6.2 NAME	Vacant Position	
STREET ADDRESS	506 N.W. 87TH AVENUE 306	6.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	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)(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.

SIGNATURE: [signature] 2/20/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0000083