

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 PM 1:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N92000000914

1. Corporation Name

24 STREET CONDOMINIUM OWNERS, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

C/O FRANCES MACK
1878 NW 24 STREET #3
MIAMI, FL 33142

C/O FRANCES MACK
1878 NW 24 STREET
#3
MIAMI, FL 33142

3. Date Incorporated or Qualified
12/22/92

3a. Date of Last Report
1994

4. FEI Number
65-0362966

Applied For
Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 C/O FRANCES MACK
1878 NW 24 STREET
Suite, Apt. #, etc.

26 C/O FRANCES MACK
1878 NW 24 STREET
Suite, Apt. #, etc.

22 APT # 3

27 APT. # 3

23 City & State
MIAMI FL

28 City & State
MIAMI FL

24 Zip
33142

29 Zip
33142

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FRANCES MACK
1878 NW 24 STREET
APT. # 3
MIAMI, FL 33142

81 Name
FRANCES MACK
82 Street Address (P.O. Box Number is Not Acceptable)
1878 NW 24 STREET
83 APT. # 3
84 City
MIAMI FL 85 Zip Code
33142

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 *Lillian J. Mack*

4/18/95

(Signature typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reappointing)

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
PRESIDENT/TREASURER/D
FRANCES MACK
1878 NW 24 ST. APT. # 3
MIAMI, FL 33142

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY ST ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
SECRETARY/D
VICTORIA ANDINO
1878 NW 24 STREET APT# 6
MIAMI, FL 33142

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY ST ZIP
☐ Change ☐ Addition
0000001474970
-05/04/95--01011--013
****130.00 ****130.00

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
VICE-PRESIDENT/D
TOSR RAMIREZ
1878 NW 24 STREET APT# 5
MIAMI, FL 33142

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY ST ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY ST ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

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

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

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

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 110.07(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.

SIGNATURE: *Lillian J. Mack*

FRANCES MACK
PRESIDENT

4/18/95 (305) 635-2609

(Signature typed or printed name of signing officer or director)

(Date)

(Telephone Number)