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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

## 1996

DOCUMENT # 768456

(6)

SIXTH AVE WAREHOUSE CONDO ASSOCIATION, INC.

Principal Place of Business  11515 S.W. 97TH AVENUE MIAMI FL 33176 US  3. Date Incorporated or Qualified 05/16/1983  3. Date of Last Report 05/16/1983  3. Date Incorporated or Qualified 05/16/1983  4. FEI Number 59-2395910  Suite, Apt. #, etc.  22  City & State  City & State  28  City & State  29  Country  Country  Country  Country  Country  Apalied For 15. Certificate of Status Desired  Fee Required  6. Election Campaign Financing Trust Fund Contribution  Country  Country  Country  Country  Country  Country  Country  Country  Country  Apalied For 15. Certificate of Status Desired  Fee Required  St. 70 May Be Added to Fees  Added to Fees  Country  Coun									
### FL 33176  2. Principal Place of Business  3. Date Incorporated or Country  3. Date Incorporated or Country  3. Suite, April 4, etc.  3. City 4 State  3. City 4 Sta	Principal Place of Business Mailing Address						BUIL MENEL DINIH DINIH DINI		
2. Principal Place of Business   2a. Major Address   2a. Major A	MIAMI FL 33176 MIAMI FL 33176								
Syllo, Apt. #, etc.    Syllo, Apt. #, etc.									
Sulfa, Apt. 4, etc.    Sulfa, Apt. 4, etc.	_ `	ace of Business	2a. Mailing Address	. J. 11	2000	4. FEI Number		Applied For	
School   State   Sta	· · · J · · · · · · · · · · · · · · · ·	# ata			) 59-5385810				
29 Country 20 Country	22 Suite, Apr.	#, Olc.	<u> </u>	<del> </del>		5. Certificate of Status Desired			
Zip Country 28   25   25   25   26   25   26   25   26   26	City & State	9	L 16 Λ	<u> </u>					
25   29	Zip			Countr	/ A	<del> </del>			
MARKS, JEAN DAVIS 11515 SW 97 AVE MIAMI FL 33176  82   Street Address IP.O. Box Number is Not Acceptable)  11. Pursuant to the provisions of Sections 617,0502 and 617,1508, Florida Statutes. It is above named corporation submits this statement for the purpose of changing its registered difference projected agent, or both, in the State of Forida. Such change was authorized by the exportation's board of directors. I hereby accept the originations of, Section 617,0503, Florida Statutes.  SIGNATURE    Square, Special	24	· · · · · · · · · · · · · · · · · · ·		30 \(\lambda\)	15/1	_		, , , , , , , , , , , , , , , , , , , ,	
MARKS, JEAN DAVIS 11515 SW 97 AVE  MIAMI FL 33176  88  80 City  FL 85 Zo Code  11. Pursuant to the provisions of Sections 617,0502 and 617,1508, Florids Statutes, the above named corporation submits this statement for the purpose of changing is registered agent, or both, in the State of Fordis. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Fordis. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Fordis. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Fordis. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Fordis. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am number of the purpose of changing as registered agent. I am number of the purpose of change in the purpose o						<u></u>			
11515 SW 97 AVE MIAMI FL 33178    88    Street Address Pr-U. Box Number is Not Acceptable)	MADEO	ITAN DAVIO		81	Name				
B4   City   FE   85   Zip Code				82	Street Adding	ess (P.O. Box Number is Not Acceptable	s)		
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  System, Uped or presoners of registered agent. I am familiar with, and accept the obligations of Section 617.0503. Florida Statutes.  SIGNATURE  System, Uped or presoners of registered agent. I am familiar with, and accept the obligations of Section 617.0503. Florida Statutes.  SIGNATURE  System, Uped or presoners of registered agent. I am familiar with a purpose of change agent agent. I am familiar with, and accept the obligations of Section 617.0503. Florida Statutes.  13. ADDITIONS*CHANGES TO OFFICERS AND DIRECTORS II 12. THIS.  PD	MIAMI FL 33176			83					
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 submits the comporation's board of directors. I hereby accept the appointment as registered office or registered agent, and the comporation of the composition of the comporation of the comporation of the composition of the compositi				84	City		85 Zi	ıp Code	
SIGNATURE   Signature with and except in the conjugations of its approache   PIOTE Registered April signature required size of institution   Quite	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 egent, or both, in the State of Florida, Such change was authorized by the compration's board of directors. Thereby accept the appointment as westered egent.								
12.	lamiliar with, and accept the obligations or, Section 617.0503, Florida Statutes.								
TITLE	GIONATORE _	Signature, typed or printed name of registered ag	ent and title if applicable. (NOTE- I	Registered Age	nt signature required	when reinstating)	DATE		
NAME   BALSERA, LEONARD   12 NAME   13 STREET ADDRESS   12 SW 6 AVENUE   13 STREET ADDRESS   14 CITY-ST-2P   14 CITY-ST-2P   15 SW 97 AVE   15 SW 97 AVE   23 STREET ADDRESS   15 SW 97 AVE   24 CITY-ST-2P   15 SW 97 AVE   33 STREET ADDRESS   15 SW 97 AVE   32 STREET ADDRESS   15 SW 97 AVE   44 CITY-ST-2P   15 SW 97 AVE		T BIS		13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTO	ORS IN 12	
STREET ADDRESS   212 SW 6 AVENUE   1.3 STREET ADDRESS   1.4 CITY-ST-2IP	i		DELETE	1.1 TITLE			Change	Addition	
CITY_ST_ZIP	· · ·								
TITLE									
MARKS, JEAN   22 NAME   11515 SW 97 AVE   23 STREET ADDRESS   CITY-ST-ZIP   MIAMI FL   24 CITY-ST-ZIP   MIAMI FL   24 CITY-ST-ZIP   MIAMI FL   27 CITY-ST-ZIP   MIAMI FL   28 CITY-ST-ZIP   MIAMI FL			□ DELETE		ST-ZIP				
11515 SW 97 AVE			Decerte				Change	Addition	
DELETE					ADDOLES				
TITLE	•								
NAME   DAVIS, J.N.   32 NAME   33 STREET ADDRESS   CITY-ST-ZIP   HOMESTEAD FL   34 CITY-ST-ZIP		D	DELETE				Channe	- Addition	
CITY-SI-ZIP	NAME						C. c.range		
TITLE	STREET ADDRESS			3.3 STREE	ADDRESS				
NAME	CITY-ST-ZIP	MOMESTEAD SI		3 4. CITY -	ST-ZIP				
STREET ADDRESS   4.3 STREET ADDRESS   4.4 CITY - ST - ZIP	TITLE			4.1 THTLE			Change	Addition	
CITY-ST-ZIP         4.4 CITY-ST-ZIP           TITLE         DELETE         51 TITLE         Change         Addition           NAME         52 NAME         STREET ADDRESS         CITY-ST-ZIP         CITY-ST-ZIP         TITLE         Change         Addition           NAME         61 TITLE         Change         Addition           NAME         62 NAME         STREET ADDRESS         CITY-ST-ZIP           CITY-ST-ZIP         64 CITY-ST-ZIP         CITY-ST-ZIP	NAME			4. 2 NAME					
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NAME         52 NAME           STREET ADDRESS         53 STREET ADDRESS           CITY-ST-ZIP         54 CITY-ST-ZIP           TITLE         □DELETE         61 TITLE         □ Change         □ Addition           NAME         62 NAME           STREET ADDRESS         63 STREET ADDRESS           CITY-ST-ZIP         64 CITY-ST-ZIP	CITY-ST-ZIP			4.4 CITY - 9	T-ZIP			Ī	
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STREET ADDRESS  6 3 STREET ADDRESS  CITY-ST-ZIP  6 4 CITY-ST-ZIP			□]DELETE				Change	Addition	
CITY-ST-ZIP 64 CITY-ST-ZIP									
	1			ł					
		certify that the information supplier	with this filing is voluntarily furnished	64 City-S	T-ZIP	r the exemption stated in Section 440.0	2/2VIA Florida Co : 1	loo 16 di	

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 inchanged, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/11/96 (305)378-636