

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N27469 (8)

1. Corporation Name

MICHIGAN PROFESSIONAL CENTER CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

C/O MARIO RIVERON
1925 EAST MICHIGAN STREET
ORLANDO FL 32806

C/O MARIO RIVERON
1925 EAST MICHIGAN STREET
ORLANDO FL 32806



3. Date Incorporated or Qualified
07/18/1988

3a. Date of Last Report
03/13/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RIVERON, MARIO
1925 EAST MICHIGAN STREET
ORLANDO FL 32806

81

Name

ALONSO, RICARDO

82

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

1925 EAST MICHIGAN STREET

83

84

City

ORLANDO

FL

85

Zip Code

32806

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)

3.25.96

DATE

12. OFFICERS AND DIRECTORS

TITLE

VPT

☐ DELETE

NAME

RIVERON, MARIO

STREET ADDRESS

240 ROLLINGWOOD TRAIL

CITY-ST-ZIP

ALTAMONTE SPRINGS FL

TITLE

PS

☐ DELETE

NAME

ALONSO, RICARDO

STREET ADDRESS

6208 WYNFIELD COURT

CITY-ST-ZIP

ORLANDO FL

TITLE

D S

☐ DELETE

NAME

ALONZO, MARINGELS

STREET ADDRESS

6208 WYNFIELD COURT

CITY-ST-ZIP

ORLANDO FL

TITLE

D

☐ DELETE

NAME

RIVERON, HELIODORA

STREET ADDRESS

240 ROLLINGWOOD TRAIL

CITY-ST-ZIP

ALTAMONTE SPRINGS FL

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

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

Alonso, Maringels

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

☐ Change

☐ Addition

5.2 NAME

600001762646

5.3 STREET ADDRESS

-03/29/96--01042--041

5.4 CITY-ST-ZIP

*****61.25**

6.1 TITLE

☐ Change

☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

3-29-96

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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-29-96

Date

407 8960324

Daytime Phone #

CR2E037 (12/95)