

FILE NOW: FILING FEE IS \$01.25

NONPROFIT CORPORATION ANNUAL REPORT 1996		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 728004		(3)	
1. Corporation Name FLAGLER 39 ASSOCIATION, INC.			

Amended
 FILED
 96 OCT 23 PM 2:54



Principal Place of Business 3915 W. FLAGLER ST. MIAMI FL 33134-1628	Mailing Address 3915 W. FLAGLER ST. MIAMI FL 33134-1628
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2. Principal Place of Business 21 LUISA M. PEREZ-BRITO	2a. Mailing Address 26 LUISA M. PEREZ-BRITO
Suite, Apt. #, etc. 22 3915 W. FLAGLER ST APT. D-627	Suite, Apt. #, etc. 27 1400 SW 22 TERR
City & State 23 MIAMI FLA	City & State 28 MIAMI FLA
Zip 24 33134	Country 25 USA
Zip 29 33145	Country 30 USA

3. Date Incorporated or Qualified 11/06/1973	3a. Date of Last Report 04/07/1995
4. FEI Number NOT APPLICABLE	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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent PEREZ, REINALDO 3905 W. FLAGLER STREET APTO. B-8 MIAMI FL 33134	
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10. Name and Address of New Registered Agent	
81 Name LOUISA M. PEREZ-BRITO	
82 Street Address (P.O. Box Number is Not Acceptable) 1400 SW 22 TERR	
83	
84 City MIAMI	85 Zip Code FL 33145

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]* DATE 10-19-96
 (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PEREZ, REINALDO 3905 W. FLAGLER ST., APT. B-8 MIAMI FL 33134 <i>DELETE</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD VALDES, MERCEDES 3901 W. FLAGLER ST., APT A/1 MIAMI FL 33134 <i>DELETE</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CARDET, JOSE R 3905 W. FLAGLER ST. APT. B-3 MIAMI FL 33134-1634
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD GARRIDO, LISETTE 3903 W. FLAGLER MIAMI FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>DELETE</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>DELETE</i>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	PD LOUISA M. PEREZ-BRITO 1400 SW 22 TERR MIAMI, FLORIDA 33145 ☒ Change ☐ Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	TD LIDIA RAFAEL 610 SW 34 AVE MIAMI, FLA 33135 ☒ Change ☐ Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	500001990925--3 -10/30/96--01096--005 *****51.25 *****51.25 ☐ Change ☐ Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	6 OCT 23 PM 2:54 FILED SECRETARY OF STATE TALLAHASSEE, FLORIDA
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<i>DELETE</i>
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<i>DELETE</i>

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]* 1-23-96 643-4291
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Mercedes Valdes
 0042470