## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # N32145

**(7)**.

## FILED May 09 1997 8:00am Secretary of State

MILAM AIRPORT PARK VI CONDOMINIUM ASSOCIATION, I												
Principal Place	e of Business	Mailing Address	<del></del>					HIF OLD HANDI	COLOUR DIGIN D	PO DIDIN COTI		
C/O GLORIA C. LERMA 4995 NW 72ND AVENUE, SUITE 303 4995 NW 72ND AVENUE, SUITE											7	
							3. Date Incorporated or Qualified 05/05/1989		ie of Last F <b>)6/19/19</b>			
2. Principal P	Principal Place of Business     2a. Mailing Address						4. FEI Number	<u>`</u>		oplied For	-	
21	<b>-</b> '- '- '- '- '- '- '- '- '- '- '- '- '-						65-0145116		<del></del>	ot Applicable	1	
Suite, Apt. #, etc. Suite, Apt. #, etc.				,			5. Certificate of Status Desired			Additional	1	
27										equired	-	
City & State	е	City & State				6. Election Campaign Financing Trust Fund Contribution			May Be to Fees			
Zip	Zip Country Zip			· Country			8. This corporation has liability for				1	
24	25 29 30						Florida Statutes					
	9. Name and Address of Current Registered Agent					10. Name and Address of New Reg				gistered Agent		
ļ				B1	Name							
LERMA, GLORIA C.					Street	Addre	ss (P.O. Box Number is Not Acceptat	ole)			1	
4995 N.W. 72ND AVENUE				83							-	
SUITE 30												
MIAMI FL	L 33106			84	City			FL	<b>85</b> Zip	Code	1	
11. Pursuant	to the provisions of Sections 617.050	2 and 617 1508, Florida Statute	es, the a	L bove	-named	corpc	oration submits this statement for the pon's board of directors. I hereby acce		changing i	ts registered	1	
office or re	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was a ations of, Section 617.0503, Fig	authoriże orida Stat	d by tutes.	the corp	ooralio	on's board of directors. I hereby acce	pt the appo	ointment as	registered		
SIGNATURE	•										1	
<u> </u>	Signature, typed or printed name of registered age			o Ager	nt signature	require	of when reinstating)	DATE	BIBEOTO		<u>ا</u> ا	
12.	OFFICERS AN	D DIRECTORS  DELETE	13. 1.17(		r	ADDITIONS/CHANGES TO OFFICE		DIRECTOR  Change	RS IN 12	       		
NAME	PD Lerma, gloria c.	[ ] bittelt	1.2 N		i	ļ			☐ Criange	E_1 Vanition		
STREET ADDRESS	4995 NW 72ND AVENUE				ADDRESS :						E037	
CITY-ST-ZIP	MIAMI FL		1	17Y-SI							36	
TITLE	VD	DELETE	2.1 71						Change	Addition	Ö	
NAME	BERTOLA, CARLOS CLERICO		2.2 NAME		ļ	\					1	
STREET ADDRESS			2.3 \$	2.3 STREET ADDRESS								
CITY-ST-ZIP	MIAMI FL				2. 4 CITY-ST-ZIP							
TITLE	STD	☐ DELETE	3.1 TITLE						Change	Addition		
NAME	ESPIN, GLADYS				. <u></u> . j							
STREET ADDRESS	1000 1111 12110 1111111				ADDRESS	ļ						
CITY-ST-ZIP TITLE	MIAMI FL	3.4.20   DELETE   4.1.10			I - ZIP				Change	Addition	1	
NAME		_ preside	4.21		i	]			C. Onwigo			
STREET ADDRESS					ADDRESS							
CITY-ST-ZIP				ITY-SI								
TITLE	<u> </u>	☐ DELETE	5.1 10						Change	Addition	1	
NAME			5.2 N	AME	ļ	\					Ì	
STREET ADDRESS			5.3 \$	TREET	ADDRESS						1	
CITY-ST-ZIP				ITY-ST	- ZIP			·-···			1	
TITLE		DELETE	6.1 †1						L Change	Addition	}	
NAME			6.2 N			ĺ					1	
STREET ADDRESS					ADDRESS	ļ						
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4. I do hereby certify that the information supplied with this filing 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 trusted empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 31f changed, or on an artachment with an address.

DIE LINE DE CORDE