

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.26 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.26).**

FILED

**Sep 11 1997 8:00am
Secretary of State**

| | | |
|---|---|---|
| NONPROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # 761068 (6)
1. Corporation Name
CHRISTOPHER PLAZA CONDOMINIUM ASSOCIATION, INC.



| | |
|---|---|
| Principal Place of Business 1736 S.W. 19 ST. MIAMI FL 33145 | Mailing Address 1736 S.W. 19 ST. MIAMI FL 33145 |
|---|---|

DO NOT WRITE IN THIS SPACE

| | |
|--|--|
| 3. Date Incorporated or Qualified 01/12/1982 | 3a. Date of Last Report 08/22/1996 |
|--|--|

| | |
|---|----------------------------------|
| 2. Principal Place of Business 21 | 2a. Mailing Address 26 |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 |
| City & State 23 | City & State 28 |
| Zip 24 | Country 25 |
| Zip 29 | Country 30 |

| | |
|---|--|
| 4. FEI Number 65-0192709 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

9. Name and Address of Current Registered Agent

**GALVEZ, HECTOR
1736 S.W. 19 ST.
202
MIAMI FL 33145**

10. Name and Address of New Registered Agent

| |
|---|
| 81 Name TOSAR, TELVIA |
| 82 Street Address (P.O. Box Number is Not Acceptable) 1736 SW 19 ST |
| 83 # 303 |
| 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 *Telvia G. Tosar* **President** DATE **9/4/97**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

12. OFFICERS AND DIRECTORS

| | |
|---|--|
| TITLE PTD | <input checked="" type="checkbox"/> DELETE |
| NAME GALVEZ, HECTOR | |
| STREET ADDRESS 1736 SW 19 ST, 202 | |
| CITY-ST-ZIP MIAMI FL 33145 | |
| TITLE TD | <input checked="" type="checkbox"/> DELETE |
| NAME WRIGHT, ARACELY | |
| STREET ADDRESS 1736 SW 19 ST, 202 | |
| CITY-ST-ZIP MIAMI FL 33145 | |
| TITLE D | <input checked="" type="checkbox"/> DELETE |
| NAME ZAMBRANO, JULIO | |
| STREET ADDRESS 1736 SW 19 ST, 202 | |
| CITY-ST-ZIP MIAMI FL 33145 | |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12?

| | |
|---|--|
| 1.1 TITLE PTD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME TOSAR, TELVIA | |
| 1.3 STREET ADDRESS 1736 SW 19 ST, 303 | |
| 1.4 CITY-ST-ZIP Miami, FL 33145 | |
| 2.1 TITLE TD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME ALDAMA, RICARDO | |
| 2.3 STREET ADDRESS 3178 SW 22ND TBER | |
| 2.4 CITY-ST-ZIP MIAMI, FL 33145 | |
| 3.1 TITLE D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME WRIGHT ARACELY | |
| 3.3 STREET ADDRESS 1736 SW 19 ST #202 | |
| 3.4 CITY-ST-ZIP MIAMI, FL 33145 | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY-ST-ZIP | |

14. 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 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: *Telvia G. Tosar* SIGNATURE REQUIRED: *Telvia G. Tosar* 9.4.97 305-851-1258

CR2E037 (4/97)