

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED

97 SEP 11 AM 8:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N9600002808

1. Corporation Name

EL PRADO XVI CONDOMINIUM
ASSOCIATION, INC.

Principal Place of Business

Mailing Address

11125 N.W. 62ND AVE.
HIALEAH, FL. 33012.

3. Date Incorporated or Qualified

MAY 28 - 1996

3a. Date of Last Report

9 - 1996

2. Principal Place of Business

21 SAME AS ABOVE

Suite, Apt. #, etc.

22

City & State

23

Zip

24

Country

25

2a. Mailing Address

26 11125 N.W. 62 AVE.

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing

☐

\$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

CLEMENTE L. DELATORRE
11125 N.W. 62 AVE.
HIALEAH, FL. 33012

10. Name and Address of New Registered Agent

81 Name CLEMENTE L. DELATORRE
82 Street Address (P.O. Box Number is Not Acceptable)
11125 N.W. 62 AVE.
83 HIALEAH
84 City
85 Zip Code FL 33012

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 of 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]

NOTE: Registered Agent signature required when reinstating.

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME OCTAVIO AMBROGI
STREET ADDRESS 5357 W. 24 COURT
CITY-ST-ZIP HIALEAH, FL. 33016
TITLE ☐ DELETE
NAME D GAIL CARDONA
STREET ADDRESS 1414 N.W. 107 Ave #400
CITY-ST-ZIP MIAMI FL. 33172
TITLE ☐ DELETE
NAME D MARIA ALVAREZ
STREET ADDRESS 1414 N.W. 107 Ave
CITY-ST-ZIP MIAMI, FL. 33172
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
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
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
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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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: OCTAVIO AMBROGI - PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-14-97 (305) 821-7668

Date

Daytime Phone #

CR2E037 (9/96)