

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 06 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **708278** (7)

1. Corporation Name  
**820 THIRD ST., INC. A CONDOMINIUM**



Principal Place of Business <b>10410 SW 42 TERR. MIAMI FL 33165 US</b>	Mailing Address <b>10410 SW 42 TERR. MIAMI FL 33165 US</b>
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2. Principal Place of Business 21 <b>10410SW 42TERR</b>	2a. Mailing Address 26 <b>10410SW 42TERR</b>
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 <b>MIAMI</b>
City & State 23 <b>MIAMI FLA</b>	City & State 28 <b>MIAMI FLA</b>
Zip 24 <b>33165</b>	Country 25 <b>US</b>
Zip 29 <b>33165</b>	Country 30 <b>US</b>

3. Date Incorporated or Qualified <b>11/17/1964</b>
4. FEI Number <b>NOT APPLICABLE</b>
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent <b>CRUZ, JORGE 10410 SW 42 TERR. MIAMI FL 33165</b>
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10. Name and Address of New Registered Agent 81 Name <b>JORGE CRUZ</b> 82 Street Address (P.O. Box Number Is Not Acceptable) <b>10410SW 42TERR</b> 83 84 City <b>MIAMI</b> FL 85 Zip Code <b>33165</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD CRUZ, JORGE 10410 SW 42 TERR. MIAMI FL 33165	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>DMP JORGE CRUZ 10410SW 42TERR MIAMI FL 33165</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CRUZ, ESTERLILA 10410 SW 42 TERR. MIAMI FL 33165	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>FD ESTERLILA CRUZ 10410SW 42TERR MIAMI FLA 33165</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DE-ZAYAS, JOSE 820 3 ST #9 MIAMI BEACH FL 33139	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>SD JOSE DE ZAYAS 820 3ST #9 MIAMI BEACH FL 33139</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: **Jorge Cruz PTD** 1/3/98 3055382000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0032075

CR2E037 (10/97)