

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
Apr 01 1998 8:00am
Secretary of State

DOCUMENT # N96000002808 (1)

1. Corporation Name

EL PRADO XVI CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

Mailing Address

11125 N.W. 62ND AVENUE
HIALEAH FL 33012

11125 N.W. 62ND AVENUE
HIALEAH FL 33012

3. Date Incorporated or Qualified

05/28/1996

4. FEI Number 25-0705866
APPLIED FOR

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DELATORRE, CLEMENTE J.
11125 N.W. 62ND AVENUE
HIALEAH FL 33012

81 Name DELATORRE, CLEMENTE J.
82 Street Address (P.O. Box Number is Not Acceptable)
11125 N.W. 62ND 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 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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME AMBROGI, OCTAVIO C
STREET ADDRESS 5337 W. 24TH COURT
CITY-ST-ZIP HIALEAH FL 33018

TITLE D
NAME CARDONA, GAIL
STREET ADDRESS 1414 N.W. 107 AVENUE, #400
CITY-ST-ZIP MIAMI FL 33172

TITLE D
NAME ALVAREZ, MARIA
STREET ADDRESS 1414 N.W. 107 AVENUE
CITY-ST-ZIP MIAMI FL 33172

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE PD
1.2 NAME NOJENA, EDWIN
1.3 STREET ADDRESS 6823 W. 36 AVE. # 201
1.4 CITY-ST-ZIP HIALEAH, FL. 33018

2.1 TITLE TD. CHANG, ELENA
2.2 NAME
2.3 STREET ADDRESS 6843 W. 36 AVE # 204
2.4 CITY-ST-ZIP HIALEAH, FL. 33018

3.1 TITLE SD. BARRIENTOS, MARIA
3.2 NAME
3.3 STREET ADDRESS 6807 W. 36 AVE. # 101
3.4 CITY-ST-ZIP HIALEAH, FL. 33018

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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: EDWIN NOJENA, PRESIDENT

3-6-98 3015 821-7468

CR2E037 (10/97)