


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Apr 20, 1999 8:00 am**  
**Secretary of State**

04-20-1999 90168 017 \*\*\*\*70.00

<b>NONPROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT # 748071**

1. Corporation Name

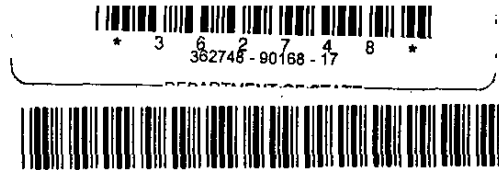
**PARKVIEW PLAZA CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

**7300 WAYNE AVENUE**  
**MIAMI BCH FL 33141**

Mailing Address

**7300 WAYNE AVENUE**  
**MIAMI BCH FL 33141**



2. Principal Place of Business

**21** Suite, Apt. #, etc.

City & State

**23** Zip

Country

**24**

2a. Mailing Address

**26** Suite, Apt. #, etc.

City & State

**28** Zip

Country

**30**

3. Date Incorporated or Qualified

**07/12/1979**

4. FEI Number

**59-2204199**

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

9. Name and Address of Current Registered Agent

**RAPOPORT, ALLEN J**  
**7300 WAYNE AVE.**  
**#505**  
**MIAMI BEACH FL 33141**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

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

TITLE	PD	<input type="checkbox"/> DELETE
NAME	ELJAS, FANI	
STREET ADDRESS	7300 WAYNE AVE / STE - 208	
CITY-ST-ZIP	MIAMI BCH, FL 33141	
TITLE	TS	<input type="checkbox"/> DELETE
NAME	ALVAREZ, BLANCA	
STREET ADDRESS	7300 WAYNE AVENUE STE. 305	
CITY-ST-ZIP	MIAMI BCH FL 33141	
TITLE	VT	<input checked="" type="checkbox"/> DELETE
NAME	CLAUDIA ESTRADA	
STREET ADDRESS	7300 WAYNE AVE #317	
CITY-ST-ZIP	MIAMI BCH, FL 33141 33141	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	MARINA GERSHANOVICH	<input checked="" type="checkbox"/> XADDIT
STREET ADDRESS	7300 WAYNE AVE, # 307	
CITY-ST-ZIP	MIAMI BEACH, FL 33141	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ZORAN VISNJIC	<input checked="" type="checkbox"/> X ADD
STREET ADDRESS	7300 WAYNE AVENUE, # 203	
CITY-ST-ZIP	MIAMI BEACH, FL 33141	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RACHEL HERES	<input checked="" type="checkbox"/> X ADD
STREET ADDRESS	7300 WAYNE AVE, # 508	
CITY-ST-ZIP	MIAMI BEACH, FL 33141	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	ELIAS, FANI	
1.3 STREET ADDRESS	7300 WAYNE AVE / STE 208	
1.4 CITY-ST-ZIP	MIAMI BEACH, FL 33141	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	LEONID RUSAKOV	
3.3 STREET ADDRESS	7300 WAYNE AVENUE, # 320	
3.4 CITY-ST-ZIP	MIAMI BEACH, FL 33141	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	JUAN LINARTE	
4.3 STREET ADDRESS	7300 WAYNE AVENUE #517	
4.4 CITY-ST-ZIP	MIAMI BEACH, FLORIDA 33141	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	JOHN GARAY	
5.3 STREET ADDRESS	7300 WAYNE AVENUE, # 204	
5.4 CITY-ST-ZIP	MIAMI BEACH, FL 33141	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	ALBA M MUNIZ	
6.3 STREET ADDRESS	7300 WAYNE AVENUE # 218	
6.4 CITY-ST-ZIP	MIAMI BEACH, FL 33141	

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, with all other like empowered.

SIGNATURE:

*F. J. [Signature]* DIRECTOR

04-12-99

(305) 866-4499

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)