SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.

AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT **CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # N11898

1. Corporation Name

MIDWAY MALL TOWNHOUSES CONDOMINIUM ASSOCIATION,

Principal Place of Business 5545 SW 8ST SUITE 207 MIAMI FL 33134

Mailing Address

5545 SW 8ST SUITE 207 MIAMI FL 33134

FILED Jul 29, 1999 8:00 am Secretary of State

07-29-1999 90023 007 ****61.25





U\$ U\$									·					
	2. Principal Place of Business 2a. Mailing Address								3. Date Incorporated or Qualifed					
	Principal Pi	ace of Business		Mailing Address					11/05/1985					
21	Suite, Apt.	# etc	26	Suite, Apt. #, etc.		• •			4. FEI Number		T Ar	plied For		
22	oono, rept.	,, u.u.	27						59-2814192		\vdash	t Applicable		
_	City & State)		City & State						\$		Additional		
23	•		28	-					5. Certificate of Status Desired		Fee Re	equired		
_	Zip	Country	ountry Zip Co				у		6. Election Campaign Financing	□ \$5.00 May Be				
24	25 29 30								Trust Fund Contribution	Added to Fees				
Name and Address of Current Registered Agent								10. Name and Address of New Registered Agent						
							81 Name							
	HUERTAS, ERNESTO						1	Street A	Address (P.O. Box Number is Not Acceptable)					
	5545 SW 8ST					83	+							
	Suite 20	7		,			³							
MIAMI FL 33134						84	1	City		E1 8	Zip ·	Code		
44				4500 Florido Gullo	41		1		authority Alic at atomas t for the purpose	FL	i	registered		
11.	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 Statutés.														
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.							.,	anginataro (o	ADDITIONS/CHANGES TO OFFICER		RECTO	RS IN 12		
TITLE	:	PD	☐ DELETE			1.1 TITLE					Change	Addition		
NAME	 	HUERTAS, ERNECTO			- 1	1.2 NAME		1				}		
STRE	REET ADDRESS 5545 SW 8ST , SUITE 207			1.3 ST		1.3 STREET ADDRESS		ADDRESS						
CITY-	Y-ST-ZIP MIAMI FL 33134			1.4 CI		4 CITY-ST-ZIP		ZIP						
TITLE	E VPD			DELETE	.ETE 2.1 TIT				VPD	×	Change	☐ Addition		
NAM	 	PRADA, ANA Y		•	:	2.2 NAME		.	MORALES, MIROSLAVA					
STRE	EET ADDRESS 8001 N.W. 7TH ST., UNIT #15			/	2.3 \$T		2.3 STREET ADDRESS 🛭 🖋		8001 NW FIRST, UNIT# 4	/				
CITY-	-ST-ZIP MIAMI FL						2. 4 CITY-ST-ZIP		MIANI, FL 33134					
TITLE	:	T		☐ DELETE	1:	3.1 TITLE					Change	☐ Addition		
NAME	•	HUERTAS, ERNESTO			;	3.2 NAME		-						
STRE	ET ADDRESS	5545 SW 8ST , SUITE 207			- [:	3.3 STREE	TA	ADDRESS				ļ		
_	ST-ZIP	MIAMI FL 33134		ST 55.5		3.4. CITY-	ST-	-ZIP			Ob	Addition		
πιε		S		DELETE	- 1	4.1 TITLE			S Margar Trees	\sim	Change	☐ Addition		
NAME		ARCOS-OLARTE, ESTEBAN		•		4. 2 NAME			VALDES, JOSE					
STREET ADDRESS		8001 N.W. 7TH ST., UNIT #10							8001 NW 7th ST, UNIT #	131]		
	ST-ZIP	MIAMI FL		☐ DELETE		4.4 CITY-S	ST-Z	ZIP	11111, 7632126		Change	Addition		
NAME		D ELSA CHIN				5.1 TITLE 5.2 NAME					Or locily 6	[] Yourou		
	ET ADDRESS	8001 N.W. 7TH ST., UNIT #20			1	5.3 STREE	TΑ	DORESS				}		
	ST-ZIP	MIAMI FL				5.4 CITY - S								
TITLE		D INDIANA I L		DELETE		5.1 TITLE			D		Change	☐ Addition		
NAME	- 1	BISMARK GONZALEZ				6.2 NAME			FARIAS, ALINA.		• •	_		
	ET ADDRESS	8001 N.W. 7TH ST., UNIT #9				6.3 STREE	TA		800; NW 77h ST, UNIT#1	6				
	ST-ZIP	MIAMI FL			6	6.4 CITY-S	ST-2	ZIP	MIAMI, FL 33126	_		Ì		
		TANKATAN T.F							/					

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: