2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 26, 2004 8:00 am Secretary of State

DOCUMENT # N9600002808 1. Entity Name EL PRADO XVI CONDOMINIUM ASSOCIATION, INC.					04-26-2004 90455 049 ****61.25	
Principal Place of Bus 2500 NW 97 AVE T SUITE 200 MIAMI, FL 33172	iness	Mailing Address 2500 NW 97 AVE SUITE 200 MIAMI, FL 33172				
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.			03262004 Chg-NP CR2E037 (10/03)	
City & State		City & State			4. FEI Number Applied For, Not Applicable	
Zip	Country .	Zip	Country		5. Certificate of Status Desired \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent Name					7. Name and Address of New Registered Agent	
SPM GROUP, INC. 2500 NW 97 AVE SUITE 200				Street Address (P.O. Box Number is Not Acceptable)		
MIAMI, FL 33172	2		City			
			City		FL Zip Code	
8. The above named the obligations of r		r the purpose of changing its	registered office o	r register	red agent, or both, in the State of Florida. I am familiar with, and accept	
SIGNATURE SIgnature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) OATE						
Filing Fce is \$61.25 9. Election Campaign Financing Due by May 1, 2004 9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees Florida Department of State						
TITLE P	* OFFICERS AND DIF	RECTORS Delete	11.	D.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 Change	
NAME MACH STREET ADDRESS 6823	ÂADO, STEVEN W 36 AVE, #204 EAH, FL 33018	Delete	NAME STREET ADDRESS CITY-ST-ZIP	Hema 6891	andez, José W. 36 Ave #102 ah, FL 33018	
TITLE DP HERN	IANDEZ, JOSE M W 36 AVE #102	☐ Delete	TITLE NAME STREET ADDRESS	VAD Matic 6835	as, Jose R. W. 36 Ave #203	
CITY-ST-ZIP HIALE	EAH, FL 33018	□ Delete	CITY-ST-ZIP	Haleo TD	ah, FL 33018 [M Change □ Addition	
NAME MATI	AS, JOSE R	LI Delete	NAME	Era20	of-Hiquel	
	W 36 AVE #203 EAH, FL 33018		STREET ADDRESS CITY-ST-ZIP		1 w. 36 AVE 14103 12th, FC 33018	
TITLE DD	·	☐ Delete	TITLE	44	Change (MAddition	
	O, MIGUEL W 36 AVE #103		NAME STREET ADDRESS	C035	5 W. 36 AVE #101	
	EAH, FL 33018		CITY-ST-ZIP	1 .	rah, FL 33018	
TITLE NAME		☐ Delete	TITLE NAME	Estev	vez, Alvaro 1 W. 36 AVE #101	
STREET ADDRESS CITY-ST-ZIP	•	•	STREET ADDRESS CITY-ST-ZIP	ŀ	wh, FL 33018	
TITLE : NAME STREET ADDRESS		Delete	TITLE NAME ** STREET ADDRESS	Injust	Change Addition	
CITY-ST-ZIP		/	CITY-ST-ZIP		<u> </u>	
12. I hereby certify that the information supplied with his 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 report or supplemental report of the corporation or the receiver or trustee employeed to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.						

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR