


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2005 8:00 am
Secretary of State

01-18-2005 90036 004 ****61.25

| | | | | | |
|---|---|--|---|---|--|
| DOCUMENT # 726453 1. Entity Name MIRASOL OCEAN TOWERS CONDOMINIUM, INC. | | | |  | |
| Principal Place of Business 2655 COLLINS AVE MIAMI BEACH, FL 33140 | | | Mailing Address 2655 COLLINS AVE MIAMI BEACH, FL 33140 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 4. FEI Number 59-1654489 | |
| Zip | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | |
| LILLIANA M FARINAS SABOGAL ALHAMBRA TOWERS 121 ALHAMBRA PLAZA STE 1000 CORAL GABLES, FL 33134 | | | | Name Street Address (P.O. Box Number is Not Acceptable) City | |
| | | | | <div style="text-align: right;">FL</div> <div style="text-align: right;">Zip Code</div> | |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. | | | | | |
| SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2005 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | Make check payable to Florida Department of State | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD DE LA RIVA, RAMIRO 2655 COLLINS AVE # 2102 MIAMI BEACH, FL 33140 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Assistant Treasurer Manuel Coya 2655 Collins Ave. #2110 Miami Beach, FL 33140 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | AV BARGEMAN, BARBARA 2655 COLLINS AVE # 612 MIAMI BEACH, FL 33140 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S BARKER, MARIA G 2655 COLLINS AVE # 806 MIAMI BEACH, FL 33140 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ASD DURAN, JOSE 2655 COLLINS AVE 1711 MIAMI BEACH, FL 33140 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Director Jose Duran 2655 Collins Ave. #1711 Miami Beach, FL 33140 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V GESIO, EDUARDO 2655 COLLINS AVE # 1404 MIAMI BEACH, FL 33140 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD ROTHSCHILD, HANS 2655 COLLINS AVE., #1201 MIAMI BEACH, FL 33140 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| 12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. | | | | | |
| SIGNATURE: <i>Ramiro de la Riva</i> RAMIRO DE LA RIVA | | | | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | 01-12-05 (305) 672-2647 <small>Date Daytime Phone #</small> | |

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01052005 Chg-NP CR2E037 (10/03)