

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N07000006486

**Entity Name:** 50 BISCAYNE CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**50 BISCAYNE BOULEVARD  
MANAGEMENT OFFICE SUITE 301  
MIAMI, FL 33132**Current Mailing Address:**50 BISCAYNE BOULEVARD  
MANAGEMENT OFFICE SUITE 301  
MIAMI, FL 33132**FEI Number:** 26-0459923**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**SIEGFRIED, RIVERA, HYMAN, LERNER, DE LA TORRE, MARS & SOBEL, P.A. – CARIDAD  
RUSCONI, ESQ.  
201 ALHAMBRA CIRCLE  
ELEVENTH FLOOR  
CORAL GABLES, FL 33134 US*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.***SIGNATURE:** CARIDAD RUSCONI, ESQ.

01/08/2015

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	PD
Name	MARTINEZ, MARIA
Address	50 BISCAYNE BLVD MGMT OFFICE SUITE 301
City-State-Zip:	MIAMI FL 33132

Title	TREASURER
Name	BENOSH, ITAI
Address	50 BISCAYNE BLVD MGMT OFFICE SUITE 301
City-State-Zip:	MIAMI FL 33132

Title	SECRETARY
Name	KABBANI, AMAL S.
Address	50 BISCAYNE BLVD MGMT OFFICE SUITE 301
City-State-Zip:	MIAMI FL 33132

Title	DIRECTOR
Name	CONDE, ANA I.
Address	50 BISCAYNE BLVD MGMT OFFICE SUITE 301
City-State-Zip:	MIAMI FL 33132

Title	DIRECTOR
Name	VALALIK, KRISZTIAN
Address	50 BISCAYNE BLVD MGMT OFFICE SUITE 301
City-State-Zip:	MIAMI FL 33132

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** MARIA MARTINEZ

PRESIDENT

01/08/2015

Electronic Signature of Signing Officer/Director Detail

Date