FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **285751** **(4)**

1. Corporation Name

CONDOR GROUP INC.

Principal Place of Business	Mailing Address
155 N.W. 167 STREET. 200 N. MIAMI BEACH FL 33169 US	155 N.W. 167 STREET. #200 NORTH MIAMI BEACH FL 33169 US

2. Principal Place of Business 21 5225 Collins Ave Suite, Apt. #, etc. 22 702 City & State 23 M. Beach Fla Zip 24 33140 Country 25 USA	2a. Mailing Address 26 5225 Collins Ave Suite, Apt. #, etc. 27 702 City & State 28 M. Bch Fla Zip 29 33140 Country 30 USA

3. Date Incorporated or Qualified 10/06/1964	3a. Date of Last Report 05/01/1995
4. FEI Number 65-0215842	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒	**$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent

CONDER, WILLIAM L.
155 N.W. 167 STREET #200
N. MIAMI BEACH FL 33169

10. Name and Address of New Registered Agent

81 Name: William L Conder
82 Street Address (P.O. Box Number is Not Acceptable): 5225 Collins Ave 702
83
84 City: M. Bch **FL** 85 Zip Code: 33140

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: _____ DATE: _____
(NOTE: Registered Agent's signature is required when reinstating.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: S NAME: CONDER, DELORIS J. STREET ADDRESS: 10800 N.E. 6TH AVE. CITY-ST-ZIP: MIAMI SHORES FL	☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS: 5225 Collins Ave 702 1.4 CITY-ST-ZIP: M. Bch Fla 33140	☐ Change ☐ Addition
TITLE: PD NAME: CONDER, WILLIAM L. STREET ADDRESS: 155 N.W. 167 STREET, #200 CITY-ST-ZIP: N. MIAMI BEACH FL	☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS: 5225 Collins Ave 702 2.4 CITY-ST-ZIP: M. Bch Fla 33140	☐ Change ☐ Addition
TITLE: VD NAME: PEREZ, JOSE AMADO STREET ADDRESS: 8518 S.W. 8TH ST. #143 CITY-ST-ZIP: MIAMI FL	☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: William L Conder 2/15/96 305 868-6726

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #