## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 285751

(4)

CONDOR GROUP INC.

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE NAME

FILED										
Mar 19 1997 8:00am										
Secretary of State										

Change

Change

Addition

Addition

Principal Place of Business Mailing Address					_					
5225 COLLINS AVENUE		5225 COLLINS AVENUE								
702		702	00440.00	·M						
N. MIAMI BEACH FL 33140 US		NORTH MIAMI BEACH FL 33140-2503 US			3.	Date Incorporated or Qualified 10/06/1964		te of Last Re 21/1996	eport	
2. Principal P	lace of Business	2s. Mailing Address				4.	4. FEI Number Applied Fo			plied For
21		26					65-0215842			t Applicable
Suite, Apt.	#, etc.	Suite, Apt #, etc.				5.	Certificate of Status Desired		\$8.75 A	
City & State	9	City & State			6.	Election Campalgn Financing Trust Fund Contribution		<b>\$5.00</b> Added t		
Zip	Country	Zip	Co	untry		8.	This corporation has liability for			. 199.032,
24	25	29	30					Yes [		
	g. Name and Address of Curre	nt Registered Agent		<u> </u>		10.	Name and Address of New Re	gistered A	Agent	
702 MIAI	5 COLLINS AVNUE  MI BEACH FL 33140  to the provisions of Sections 607.09 egistered agent, or both, in the State	02 and 607.1508, Florida Stat a of Florida, Such change wa	utes, the	82 83 84 above	City -named control the corpora	<u>.</u>	P.O. Box Number is Not Acceptate on submits this statement for the popular of directors. I hereby acceptate	FL	.   -	Code s registered registered
agent. I a	m familiar with, and accept the oblig	gations of, Section 607.0505, I	-lorida St	alules	3.		,			
Olorations	Signature, typed or prieted name of registers o ac		-		nt signature requ			DATE		
12.		ID DIRECTORS	13				ADDITIONS/CHANGES TO OFFIC	ERS AND	DIRECTOR Change	RS IN 12 Addition
TITLE	S	DELETE		TITLE					Change	T"] Modition
NAME	CONDER, DELORIS J.			NAME		1				
STREET ADDRESS	5225 COLLINS AVENUE, 702		1.3	STREET	ADDRESS					
CITY-ST-ZIP	MIAMI BEACH FL		-	CITY - S	1 - 7(P					1.1.000
TITLE	PD	☐ DECETE	DELETE 2.1 1)						☐ Change	Addition
NAME	CONDER, WILLIAM L.		2.2	NAME						
STREET ADDRESS			2.3	2.3 STREET ADDRESS						
CITY-ST-ZIP	MIAMI BEACH FL		2.4	CITY-S	ST - ZIP				- <del>p</del>	
TITLE	VD	☐ DELETE	31	HILE					Change	Addition
NAME	PEREZ, JOSE AMADO 3.		3.2	NAME						
STREET ADDRESS 8518 S.W. 8TH ST. #143			3.3 STREET ADDRESS							
CITY-ST-ZIP	MIAMI FL		3.4.	CITY-S	ST - 71P					
TITLE		DELETE	4.1	TITLE					Change	Addition
Į.				NIENIE	!					

14. I do 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 by this annual report or supplemental adjustment of an another or supplemental and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or discharged in the control of the receiver frustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 for the property of the p

4.3 STREET ADDRESS

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

4.4 CITY - \$1 - ZIP

5.1 311LE

5.2 NAME

6.1 THLE

6.2 NAME

DELETE

DELETE