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Jan 22 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 703262 (6)

1. Corporation Name

625 ESPANOLA WAY INC A CONDOMINIUM



Principal Place of Business

Mailing Address

641 ESPANOLA WAY, APT. 15
ATTN: SOFIA BAIN
MIAMI BEACH FL 33139
US641 ESPANOLA WAY, APT. 15
ATTN: SOFIA BAIN
MIAMI BEACH FL 33139-3918
US

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

11/27/1961

3a. Date of Last Report

02/22/1996

4. FEI Number

59-1038865

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 Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐ Yes ☐ No

10. Name and Address of New Registered Agent

BAIN, SOFIA
841 ESPANOLA WAY
APT. 15
MIAMI BEACH FL 33139

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature: typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE SD ☐ DELETE
NAME HANCOCK, BARRY D
STREET ADDRESS 641 ESPANOLA WAY, #2
CITY-ST-ZIP MIAMI BEACH FL1.1 TITLE ☐ Change ☒ Addition
1.2 NAME 1
1.3 STREET ADDRESS
1.4 CITY-ST-ZIPTITLE P ☐ DELETE
NAME BAIN, SOFIA
STREET ADDRESS 641 ESPANOLA WAY, #15
CITY-ST-ZIP MIAMI BEACH FL2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIPTITLE DT ☒ DELETE
NAME ALESSANDRINI, CIRA
STREET ADDRESS 641 ESPANOLA WAY, #3
CITY-ST-ZIP MIAMI BEACH FL3.1 TITLE TREASURER - D
3.2 NAME DONNA OLSON
3.3 STREET ADDRESS 641 ESPANOLA WAY, #19
3.4 CITY-ST-ZIP MIAMI BEACH, FL 33139TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Sofia Bain, President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTORJanuary 3, 97 673-1011
Date Daytime Phone # 0027461

CR2E037 (9/96)