

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.**  
**AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)**

**NONPROFIT CORPORATION ANNUAL REPORT 1996**



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

**DOCUMENT # 708278 (7)**

1. Corporation Name  
**820 THIRD ST., INC. A CONDOMINIUM**



|   |   |
|---|---|
| Principal Place of Business                         | Mailing Address                                     |
| 820 3RD ST.<br>APT-11<br>MIAMI BEACH FL 33139<br>US | 820 3RD ST.<br>APT-11<br>MIAMI BEACH FL 33139<br>US |

|  |  |
|--|--|
| 3. Date Incorporated or Qualified<br><b>11/17/1964</b> | 3a. Date of Last Report<br><b>02/20/1995</b> |
|--|--|

|  |  |
|--|--|
| 2. Principal Place of Business         | 2a. Mailing Address                    |
| 21 <b>820 THIRD STREET CONDOMINIUM</b> | 26 <b>820 THIRD STREET CONDOMINIUM</b> |
| Suite, Apt. #, etc. <b>CONDOMINIUM</b> | Suite, Apt. #, etc. <b>CONDOMINIUM</b> |
| 22 <b>820 THIRD STREET BOX</b>         | 27 <b>820 THIRD STREET BOX</b>         |
| City & State <b>MIAMI BEACH, FL</b>    | City & State <b>MIAMI BEACH, FL</b>    |
| Zip <b>33139</b> Country <b>DADE</b>   | Zip <b>33139</b> Country <b>DADE</b>   |

|  |                               |
|--|-------------------------------|
| 4. FEI Number<br><b>NOT APPLICABLE</b> | Applied For<br>Not Applicable |
|--|-------------------------------|

|   |                                       |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75 Additional Fee Required</b> |
|---|---------------------------------------|

|   |                                    |
|---|------------------------------------|
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | <b>\$5.00 May Be Added to Fees</b> |
|---|------------------------------------|

|   |
|---|
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|---|

|   |  |   |  |
|---|--|---|--|
| 9. Name and Address of Current Registered Agent                             |  | 10. Name and Address of New Registered Agent  |  |
| FLANGA, LYNNE R<br><del>820 3RD ST.</del><br>APT-11<br>MIAMI BEACH FL 33139 |  | 81 Name <b>LYNNE R. FALANGA</b><br>82 Street Address (P.O. Box Number is Not Acceptable) <b>820 THIRD STREET CONDOMINIUM</b><br>83 <b>820 THIRD STREET, CONDOMINIUM BOX</b><br>84 City <b>MIAMI BEACH</b> FL 85 Zip Code <b>33139</b> |  |

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |                                     |
|----------------------------|-------------------------------------|
| TITLE                      | PTD <input type="checkbox"/> DELETE |
| NAME                       | FALANGA, LYNNE R                    |
| STREET ADDRESS             | 820 3RD ST., #11                    |
| CITY-ST-ZIP                | MIAMI BCH FL                        |
| TITLE                      | STD <input type="checkbox"/> DELETE |
| NAME                       | MARETT, VICTOR                      |
| STREET ADDRESS             | 3201 NW 18TH ST.                    |
| CITY-ST-ZIP                | MIAMI FL                            |
| TITLE                      | MTD <input type="checkbox"/> DELETE |
| NAME                       | KLIPPUL, NICHOLAS J                 |
| STREET ADDRESS             | 404 S TAMPA AVENUE                  |
| CITY-ST-ZIP                | TAMPA FL 33609                      |
| TITLE                      | S <input type="checkbox"/> DELETE   |
| NAME                       | PEREZ-CRESPO, ADAMARIE              |
| STREET ADDRESS             | 820 3RD ST., #11                    |
| CITY-ST-ZIP                | MIAMI BCH.                          |
| TITLE                      | <input type="checkbox"/> DELETE     |
| NAME                       |                                     |
| STREET ADDRESS             |                                     |
| CITY-ST-ZIP                |                                     |
| TITLE                      | <input type="checkbox"/> DELETE     |
| NAME                       |                                     |
| STREET ADDRESS             |                                     |
| CITY-ST-ZIP                |                                     |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|---|--|
| 1.1 TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME  |  |
| 1.3 STREET ADDRESS                                    | <b>1400 PENNSYLVANIA AVENUE, #3</b>  |
| 1.4 CITY-ST-ZIP                                       |  |
| 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 2.2 NAME  |  |
| 2.3 STREET ADDRESS                                    |  |
| 2.4 CITY-ST-ZIP                                       |  |
| 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 3.2 NAME  |  |
| 3.3 STREET ADDRESS                                    |  |
| 3.4 CITY-ST-ZIP                                       |  |
| 4.1 TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME  |  |
| 4.3 STREET ADDRESS                                    | <b>1400 PENNSYLVANIA AVENUE, #3</b>  |
| 4.4 CITY-ST-ZIP                                       |  |
| 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 5.2 NAME  |  |
| 5.3 STREET ADDRESS                                    |  |
| 5.4 CITY-ST-ZIP                                       |  |
| 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> 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 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Lynne R. Falanga 7/31/96 305 285 0991  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (3/96)