

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB -1 PM 12:10

DOCUMENT # 708884

(2)

1. Corporation Name

SOUTHERN STAR CONDOMINIUM, INC.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 05/04/1965	3a. Date of Last Report 02/08/1994
4. FEI Number 59-1259375	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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	

Principal Place of Business		Mailing Address	
441 COLLINS AVE MIAMI BEACH FL 33139-6622		441 COLLINS AVE MIAMI BEACH FL 33139-6622	
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

GALLARDO, YUDENIA
441 COLLINS AVE
APT 3
MIAMI BCH FL 33139

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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

Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
JUNE	P	1.1 TITLE	☐ Change ☐ Addition
NAME	GALLARDO, YUDENIA	1.2 NAME	
STREET ADDRESS	441 COLLINS AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BCH FL	1.4 CITY-ST-ZIP	
TITLE	VP	2.1 TITLE	☒ Change ☐ Addition
NAME	AMARA, VERBENA	2.2 NAME	Bertha, McArthur
STREET ADDRESS	441 COLLINS AVE A	2.3 STREET ADDRESS	441 Collins Ave
CITY-ST-ZIP	MIAMI BEACH FL	2.4 CITY-ST-ZIP	Miami Beach, FL
TITLE	TD	3.1 TITLE	☒ Change ☐ Addition
NAME	HEIMLICH, FLORENCE	3.2 NAME	Bill Kelly
STREET ADDRESS	441 COLLINS AVE	3.3 STREET ADDRESS	441 Collins Ave
CITY-ST-ZIP	MIAMI BCH FL	3.4 CITY-ST-ZIP	Miami Beach, FL
TITLE	TD	4.1 TITLE	☒ Change ☐ Addition
NAME	EZRATTY, MAX	4.2 NAME	Ann Samuel
STREET ADDRESS	441 COLLINS AVE	4.3 STREET ADDRESS	441 Collins Ave
CITY-ST-ZIP	MIAMI BCH FL	4.4 CITY-ST-ZIP	
TITLE	SD	5.1 TITLE	☐ Change ☐ Addition
NAME	GERBERG, FLORENCE	5.2 NAME	Florence Heimlich
STREET ADDRESS	441 COLLINS	5.3 STREET ADDRESS	441 Collins Ave
CITY-ST-ZIP	MIAMI BEACH FL	5.4 CITY-ST-ZIP	Miami Beach, FL
TITLE	D	6.1 TITLE	☒ Change ☐ Addition
NAME	MCARTHUR, BERTHA	6.2 NAME	Jim Vaziraka (D)
STREET ADDRESS	441 COLLINS AVE	6.3 STREET ADDRESS	441 Collins Ave
CITY-ST-ZIP	MIAMI BCH FL	6.4 CITY-ST-ZIP	Miami Beach

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 118.07(3)(b), 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: *Yudenia Gallardo*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

YUDENIA GALLARDO

Date: (3/25) 532-6912