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

APPROVED AND FILED
95 APR 20 PM 12:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **710365** **(8)**

1. Corporation Name
7434 HARDING CONDOMINIUM, INC.

Principal Place of Business	Mailing Address
7434 HARDING AVENUE MIAMI FL 33141	7434 HARDING AVENUE MIAMI FL 33141

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/15/1966
3a. Date of Last Report: 03/21/1994
4. FEI Number: 59-2379442 ☐ 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

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24) Country (25)
2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29) Country (30)

9. Name and Address of Current Registered Agent

MULLIN, FLORENCE
7434 HARDING AVE
MIAMI BEACH FL 33141

10. Name and Address of New Registered Agent

81 Name: LUNDSTROM SILVIA
82 Street Address (P.O. Box Number is Not Acceptable): 7434 HARDING AVE # 11
83
84 City: MIAMI BEACH **FL** 85 Zip Code: 33141

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: X Silvia Lundstrom SILVIA LUNDSTROM FEB 7, 1995
(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	V	1.1 TITLE	V ☒ Change ☐ Addition
NAME	SKOLNICK, CECELIA	1.2 NAME	
STREET ADDRESS	7434 HARDING AVE	1.3 STREET ADDRESS	7434 HARDING AVE
CITY-ST-ZIP	MIAMI BEACH FL	1.4 CITY-ST-ZIP	MIAMI BCH FL 33141-2744
TITLE	P	2.1 TITLE	P ☒ Change ☐ Addition
NAME	NANFRA, SYLVIA	2.2 NAME	SANTANA JESUS
STREET ADDRESS	7434 HARDING AVE	2.3 STREET ADDRESS	7434 HARDING AVE
CITY-ST-ZIP	MIAMI BCH, FL 00000	2.4 CITY-ST-ZIP	MIAMI BCH FL 33141-2744
TITLE	TS	3.1 TITLE	*LUNDSTROM-SILVIA ☒ Change ☐ Addition
NAME	MULLIN, FLORENCE	3.2 NAME	
STREET ADDRESS	7434 HARDING AVE	3.3 STREET ADDRESS	7434 HARDING AVE
CITY-ST-ZIP	MIAMI BCH, FL 00000	3.4 CITY-ST-ZIP	MIAMI BCH FL 33141-2744
TITLE	D	4.1 TITLE	D SCHEIN BELLA ☒ Change ☐ Addition
NAME	SCHEIN, BELLA	4.2 NAME	
STREET ADDRESS	7434 HARDING AVE	4.3 STREET ADDRESS	7434 HARDING AVE
CITY-ST-ZIP	MIAMI BCH FL	4.4 CITY-ST-ZIP	MIAMI BCH FL 33141-2744
TITLE	D	5.1 TITLE	MULLIN FLORENCE ☒ Change ☐ Addition
NAME	SANTANA, JESUS	5.2 NAME	
STREET ADDRESS	7434 HARDING AVE	5.3 STREET ADDRESS	7434 HARDING AVE
CITY-ST-ZIP	MIAMI BCH FL	5.4 CITY-ST-ZIP	MIAMI BCH FL 33141-2744
TITLE	D	6.1 TITLE	D ELLIS BILL ☒ Change ☐ Addition
NAME	ELLIS, BILL	6.2 NAME	
STREET ADDRESS	7434 HARDING AVE	6.3 STREET ADDRESS	7434 HARDING AVE
CITY-ST-ZIP	MIAMI BCH FL	6.4 CITY-ST-ZIP	MIAMI BCH FL 33141-2744

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)(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: X Silvia Lundstrom SILVIA LUNDSTROM 305-
SIGNATURE AND TYPED OR PRINTED NAME OF MAKING OFFICER OR DIRECTOR — Date — Daytime Phone #