FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

Principal Place of Business

(8)

Mailing Address

7434 HARDING CONDOMINIUM, INC.

FILED Jan 21 1998 8:00am Secretary of State

ate Incorporated or Qualified	

7434 HARDING MIAMI FL 3314	HARDING AVENUE MI FL 33141				7434 HARDING AVENUE MIAMI FL 33141					3.	3. Date Incorporated or Qualified									
,									FEI Num	<u> 5/196 </u>	<u>i</u>				14					
İ														0			f		pplied Fo	_
2. Principal B	Principal Place of Business 2a. Mailing Address												<u>37944</u>							
21				26						Certificat —							Addition: equired	al		
Suite_Apt, #, etc.			<u> </u>	Suite, Apt. #, etc.					− 6.	Election (ing	_			May Be	- 1		
22				27	27					Trust Fund Contribution Added to Fees										
City & State				\vdash	City & State					7. Is this nonprofit corporation a homeowners association?										
23	· - ₁		. -	28	28										No					
Zip	Country Zip				\vdash	Country			I	This corp				_	_ ′	_	_ ~			
24		25	d dulings of Occurs	29			30					Personai					Yes		No	
	a. Name	ana .	Address of Curre	nt Heg	istered A	igent		81	Na		10.	Name ar	d Addre	SS OT IN	ew Reg	istered	Ageni			—
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	IA, JESUS							82	2 Str	eet Add	ress (P	O. Box N	umber is	Not Ac	ceptabl	e)				
7434 HA	IRDING AVE	#9						-	 											
MIAMI B	EACH FL 33	141						83	'											
								84	Cit	,						FI	85	Zip	Code	\neg
11. Pursuant	to the provision	ns c	f Sections 617.050	02 and	617.1508	3. Florida Sta	tutes, ti	ne abov	/e-паг	ned corr	oration	submits	this state	ement fo	r the pu		chan	aina it	s reaiste	ered
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 alle if epplicable. (NOTE: Registered Agent signature required when reinstating) DATE																				
12.			OFFICERS AN					13.				DDITION	S/CHANG	SES TO	OFFICE		DIRE	CTOF	S IN 12	
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CITY-ST-ZIP	MIAMI BEACH FL						1.4 CITY - ST - ZIP												Š	
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,	MIAMI BEACH FL 33141							3.4 CITY-ST-ZIP												
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CITY - ST - ZIP	MIAMI BE							5.4 CITY - S												
14. Thereby c	ertify that the	intor	mation supplied w	uth this	tiling do	es not qualify	for the	exemp	tion s	tated in	Section	า 119.07(3	i)(i), Flori	da Statu	ites. I fu	irther ce	rtify th	at the	intormat	ion

le and accurate and that my signature shall have the same legal effect as if made under oath; that I am allowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in