FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

FILED

Jan 22 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997
DOCUMENT #

SIGNATURE

† 718116

(7)

1357 COLLINS AVENUE CONDOMINIUM, INC.

Principal Place	e of Business	Mailing Address			
1357 COLLINS AVENUE 1357 COLLINS AVENUE MIAMI BEACH FL 33139 MIAMI BEACH FL 3313942		6			
				3. Date incorporated or Qualified 03/12/1970	3a. Date of Last Report 01/25/1996
Principal Place of Business The Principal Place of Business		2a. Mailing Address 26		4. FEI Number 59-2040779	Applied For Not Applicable
Suite, Apt. #, etc		Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Additional Fee Required	
City & State		City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25		Country 30		Yes 🔀 No
	9. Name and Address of Currer	nt Registered Agent	81 Name	10. Name and Address of New Reg	jistered Agent
A44 DTIAL	BIALLIAN III		81 Name		
MARTIN, RICHARD W				fress (P.O. Box Number is Not Acceptabl	(e)
1357 COLLINS AVE.			83		
SUITE A4 MIAMI BEACH FL 33139					
MICHIN OF	EVOLLE 00109		84 City		FL 85 Zip Code
11. Pursuant I	to the provisions of Sections 617.050	02 and 617.1508, Florida Statute	s. the above-named cor	poration submits this statement for the pu	urnose of changing its registered
office or re agent. I ar	egistered agent, or both, in the State on familiar with, and accept the oblig	e of Florida. Such change was au lations of. Section 617.0503, Flor	uthorized by the corpora rida Statutes.	ation's board of directors. I hereby accept	t the appointment as registered
SIGNATURE			TOU CILICION.		
· -	Signature, typed or printed name of registered age		Registered Agent signature requi	ired when reinstating)	DATE
12.		ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICE	
THILE	PD	DELETE	1.1 TITLE		Change Addition
NAME	MARTIN, RICHARD W		1.2 NAME		
STREET ADDRESS	1357 COLLINS AVE. #A4		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH FL	T osters	1.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	2.1 TITLE		Change Addition
NAME	REREZ, MERDADO R		2.2 NAME		
STREET ADDRESS	1357 COLLINS AVE. #D3		2 3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH FL	DC) EXC	2. 4 CITY-ST-ZIP		
TITLE	D DEIDACH MADV A	L. DELETE	3.1 TITLE		Change Addition
NAME	OSIDACH, MARY A		3.2 NAME		
STREET ADDRESS	1357 COLLINS AVE. #D1 MIAMI BEACH FL		3.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	MIAMI DEACH FL	DELETE	3.4. CITY-ST-ZIP		D OL
NAME		- OLLLIE	4.1 TITLE		Change Addition
			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		Change Addition
NAMÉ		hand white to	5.2 NAME		Li change Li rodicion
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE		Change Addition
NAME			62 NAME		El augusta El carerran
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			6 4 CITY - ST - ZIP		
14. Loo hereb	y certify that the information supplied	d with this filing does not qualify	for the exemption states	d in Section 119.07(3)(i), Florida Statutes	. I further certify that the
information I am an off appears in	л indicated on this apputat report or s ficer or director of the corporation or n Block 42 or Block 13 if changeds o	supplemental annual report is tru the receiver of trustee empower finan ajachment with an addre	red to execute this reported to execute this reported to execute this reported to the control of	t my signature shall have the same legal rt as required by Chapter 617, Florida Sta	effect as if made under oath; that atutes; and that my name