FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996 5-1-96 B- 60293 C

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

DOCUMENT # 720135 (3)

1. Corporation Name

7720 CONDOMINIUM INC.

Principal Place of Business	Mailing Address
C/O LUIS CERDA 20 49TH ST. WEEKAWKER NJ 07087 US	C/O LUIS CERDA 20 49TH STREET WEEHAWKER NJ 07087 US

3. Date Incorporated or Qualified: 01/27/1971

3a. Date of Last Report: 05/01/1995

2. Principal Place of Business	2a. Mailing Address
21 7720 Byron Av #4, M.B. FL 33141	26 7720 Byron Av #4, M.B, FL 33141
Suite, Apt. #, etc. 22 #4	Suite, Apt. #, etc. 27 #4
City & State 23 Miami Beach, FL	City & State 28 Miami Beach, FL
Zip 24 33141 Country 25 DADE	Zip 29 33141 Country 30 DADE

4. FEI Number: 59-2237196 ☐ 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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CERDA, LUIS
7720 BYRON AVE.
APT. 3
MIAMI BEACH FL 33141

10. Name and Address of New Registered Agent

81 Name: FERNANDEZ MARKEL
82 Street Address (P.O. Box Number is Not Acceptable): 7720 BYRON AVE.
83: APTO. # 2
84 City: MIAMI BEACH FL 85 Zip Code: 33141

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 _____ 4/26/96
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	PD	☒ DELETE	11 TITLE	PD	☐ Change ☒ Addition
NAME	CERDA, LUIS		12 NAME	FERNANDEZ MARKEL	
STREET ADDRESS	7720 BYRON AVE.		13 STREET ADDRESS	7720 BYRON AVE # 2	
CITY-ST-ZIP	MIAMI BEACH FL		14 CITY-ST-ZIP	MIAMI BEACH FL.	
TITLE	VTD	☒ DELETE	21 TITLE	VTD	☐ Change ☒ Addition
NAME	MARTORELL MARIO F.		22 NAME	PARDO ARSENIO	
STREET ADDRESS	7720 BYRON AVE # 2		23 STREET ADDRESS	7720 BYRON AVE # 3	
CITY-ST-ZIP	MIAMI BEACH FL		24 CITY-ST-ZIP	MIAMI BEACH FL.	
TITLE	SD	☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME	GONZALEZ, LUCY		32 NAME		
STREET ADDRESS	7720 BYRON AVE #1		33 STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH FL		34 CITY-ST-ZIP		
TITLE	TD	☒ DELETE	41 TITLE	TD	☐ Change ☒ Addition
NAME	MARTORELL, MARIO		42 NAME	DIAZ JOSE	
STREET ADDRESS	7720 BYRON AVE., APT. 4		43 STREET ADDRESS	7720 BYRON AVE. # 4	
CITY-ST-ZIP	MIAMI BCH. FL		44 CITY-ST-ZIP	MIAMI BEACH FL.	
TITLE		☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

CR2E037 (12/95)

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: _____ 4/26/96 305-8671692
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #