FILE NOW: FILING FEE IS \$61.25

NONPROFIT

FLORIDA DEPARTMENTA OF STATE CORPORATION Sandra B. Mortham FILED ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS 98 NOV 19 AM 10: 04 DOCUMENT # 720 35 SECRETARY OF STATE TALLAHASSEE, FLORIDA CONDOMINIUM INC. Principal Place of Business Mailing Address 7720 Byron Ave upt 2 SAME 3. Date Incorporated or Qualified Applied For Not Applicable 2. Principal Place of Business 21 7720 Byreh 2a. Mailing Address. \$8.75 Additional 5. Certificate of Status Desired 7720 Fee Required Suite, Apt. #, etc. Suite, Apt. #, etc. 6. Election Campaign Financing \$5.00 May Be me Trust Fund Contribution Added to Fees City & State 7. Is this nonprofit corporation a homeowners association? Miami 28 **⊠**Yes ☐ No Country 8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Markel Fernandez Address (P.9. Box Number is Not Acceptable) 82 Las ho 83 84 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 abligations of section 617.0503, Florida Statutes.

SIGNATURE

Manual

10 21 98 (NOTE, Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE 1.1 TITLE Change Arsenio NAME 1.2 NAME Byran STREET ADDRESS 1.3 STREET ADDRESS Beno 800002694968---CITY-ST-ZIP 1.4 CITY-ST-ZIP 11/24/98--100 Window - 100 Addition TITLE DELETE 21 TITLE *****61.25 *****61.25 NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS 33141 CITY-ST-ZIP 2 4 CITY-ST-ZIP TITLE DELETE 3.1 DTLE Change Addition NAL É 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3141 CITY-ST-ZIP 3.4. CITY - ST - ZIP ☐ DELETE TITLE 4.1 TITLE ☐ Change ☐ Addition NAME 4, 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP TITLE ☐ DELETË 5.1 TITLE Change ___ Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE ☐ DELETE 6.1 TITLE Chape NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY - ST- ZIP 14. I hereby certify that the information supplied with this filing 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: