

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 723635 (9)

1. Corporation Name
MAR RONDA CONDOMINIUM, INC.



Principal Place of Business Mailing Address
~~55 EAST 11 STREET #33~~
~~HIALEAH FL 33010~~
% THE TIMBERLAKE GROUP, INC.
5050 N.W. 74TH AVE.
MIAMI FL 33166

3. Date Incorporated or Qualified **06/09/1972** 3a. Date of Last Report **05/01/1995**
4. FEI Number **59-2370495** 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

2. Principal Place of Business 2a. Mailing Address
21 **The Timberlake Group, Inc.** 26
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **5050 N.W. 74th. Avenue,** 27
City & State City & State
23 **Miami, Florida** 28
Zip Country Zip Country
24 **33166** 25 **U.S.A.** 29 30

9. Name and Address of Current Registered Agent
~~PEREZ, ELAINE~~
~~55 E-11TH ST., #28~~
~~HIALEAH FL 33010~~

10. Name and Address of New Registered Agent
81 Name **Robert A. Dugger,**
82 Street Address (P.O. Box Number is Not Acceptable)
The Timberlake Group, Inc.,
5050 N.W. 74th. Avenue,
83
84 City **Miami,** FL 85 Zip Code **33166**

11. Pursuant to the provisions of Sections 617.0602 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]* **R. A. DUGGER** DATE **2-27-96**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALEJO, EMILIA D.	1.2 NAME	
STREET ADDRESS	45 E 11ST ST #1	1.3 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL	1.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GAMIZ, MAXIMO	2.2 NAME	
STREET ADDRESS	55 EAST 11ST., STREET #33	2.3 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL	2.4 CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORALES, MARCO A	3.2 NAME	
STREET ADDRESS	55 EAST 11ST STREET #28	3.3 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL	3.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORALES, GISELA	4.2 NAME	
STREET ADDRESS	55 EAST 11ST STREET #28	4.3 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: *[Signature]* DATE **2-15-96**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (12/95)