SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $305)

NONPROFIT CORPORATION ANNUAL REPORT

1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 14 AM 9:26

DOCUMENT # 724166 (4)

1. Corporation Name

AVILA CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
17620 ATLANTIC BLVD. MIAMI BEACH FL 33160	17620 ATLANTIC BLVD. MIAMI BEACH FL 33160

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/22/1972
3a. Date of Last Report: 01/24/1994
4. FEI Number: NOT APPLICABLE — 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — FILING FEE IS $61.25
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	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / County 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

SEGAL, WILLIAM J.
20801 BISCAYNE BLVD SUITE 304
N. MIAMI BEACH FL 33180

10. Name and Address of New Registered Agent

61 Name: JOSEPH Y. LEUNG CPA
62 Street Address (P.O. Box Number is Not Acceptable): 18999 BISCAYNE BLVD, # 205
63: N. MIAMI BEACH
64 City: FL — 65 Zip Code: 33180

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] DATE: 6/8/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	11 TITLE	PRES. ☒ Change ☐ Addition
NAME	KLONOSKI, GEORGE	12 NAME	CASSAMASSA, LUKE
STREET ADDRESS	17570 ATLANTIC BLVD.	13 STREET ADDRESS	17620 ATLANTIC BLVD
CITY-ST-ZIP	MIAMI BCH, FL 00000	14 CITY-ST-ZIP	NO MIAMI BEACH FLA 33160
TITLE	V	21 TITLE	SECY ☒ Change ☐ Addition
NAME	MANNING, MARVIN	22 NAME	KAEBLE, MARIA
STREET ADDRESS	17560 ATLANTIC BLVD#416	23 STREET ADDRESS	17620 ATLANTIC BLVD
CITY-ST-ZIP	MIAMI BCH, FL 00000	24 CITY-ST-ZIP	NO MIAMI BEACH, FLA 33160
TITLE	VD	31 TITLE	V.P. ☒ Change ☐ Addition
NAME	JOSEPH GULLUSCIO	32 NAME	JOSEPH GULLUSCIO
STREET ADDRESS	200-177 DRIVE #208	33 STREET ADDRESS	200 177TH DRIVE
CITY-ST-ZIP	MIAMI BEACH FL	34 CITY-ST-ZIP	NO MIAMI BEACH, FLA 33160
TITLE	VD	41 TITLE	TREAS. ☒ Change ☐ Addition
NAME	LEVIN, SAM	42 NAME	ANNE ELKIN
STREET ADDRESS	17620 ATLANTIC BLVD., #512	43 STREET ADDRESS	200 177TH DRIVE
CITY-ST-ZIP	MIAMI BEACH FL	44 CITY-ST-ZIP	NO MIAMI BEACH, FLA 33160
TITLE	ST	51 TITLE	DIRECTOR ☒ Change ☐ Addition
NAME	GINSBURG, BLANCHE	52 NAME	DORE ROAL
STREET ADDRESS	200 177 DR #211	53 STREET ADDRESS	200 177TH DRIVE
CITY-ST-ZIP	MIAMI BCH. FL	54 CITY-ST-ZIP	NO. MIAMI BEACH, FLA 33160
TITLE	P	61 TITLE	DIRECTOR ☒ Change ☐ Addition
NAME	AZZATO, ANTHONY	62 NAME	AZZATO, ANTHONY
STREET ADDRESS	200177 DRIVE #501	63 STREET ADDRESS	200 177TH DRIVE
CITY-ST-ZIP	MIAMI BEACH FL	64 CITY-ST-ZIP	NO MIAMI BEACH, FLA 33160

CR2E037 (3/95)

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 changed, or on an attachment with an address.

SIGNATURE: [signature] 6-9-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0006802