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Secretary of State

0023305

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

03-09-1999 90085 023 ****61.25

DOCUMENT # 725323

1. Corporation Name

THE KING-A CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

101 S.W. 9TH STREET
SUITE 3B
MIAMI FL 33130

Mailing Address

101 S.W. 9TH STREET
APT. 2-C
MIAMI FL 33130



2. Principal Place of Business

21 101 S,W 9th St

22 Suite, Apt. #, etc.

23 City & State

Miami, FL

24 Zip 33130

Country

25 Dade

2a. Mailing Address

26 C/O Action General Serv.

Suite, Apt. #, etc.

27 P.O. BOX 110548

City & State

28 Hialeah, Fl

Zip 33011-0548

Country

30 Dade

3. Date Incorporated or Qualified

01/22/1973

4. FEI Number

65-0122144

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

9. Name and Address of Current Registered Agent

SUAREZ, CESAR A
101 SW 9TH ST
APT 2-C
MIAMI FL 33130

10. Name and Address of New Registered Agent

81 Name

Richard J. Boone

82

Street Address (P.O. Box Number is Not Acceptable)
101 S.W 9th ST 4-C

83

84

City Miami

FL

85 Zip Code 33130

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

Richard J. Boone (Richard J. Boone)

2/1/99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	OSORTO, REYNALDO	
STREET ADDRESS	101 SW 9 ST APT 2D	
CITY-ST-ZIP	MIAMI FL 33130	
TITLE	VDT	<input type="checkbox"/> DELETE
NAME	SUAREZ, CESAR A	
STREET ADDRESS	101 SW 9 ST APT 2C	
CITY-ST-ZIP	MIAMI FL 33130	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	SUAREZ, CRISTELA	
STREET ADDRESS	101 SW 9 ST APT 2C	
CITY-ST-ZIP	MIAMI FL 33130	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	BOONE, RICHARD J.	
1.3 STREET ADDRESS	101 S.W 9th ST 4-C	
1.4 CITY-ST-ZIP	Miami, FL 33130	
2.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	JIMENEZ, ADA	
2.3 STREET ADDRESS	6365 S.W 35th ST	
2.4 CITY-ST-ZIP	MIAMI, FL. 33163	
3.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	RUEDA, MELIDA	
3.3 STREET ADDRESS	210 N.W 51 Ave.	
3.4 CITY-ST-ZIP	MIAMI, FL. 33126	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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, with all other like empowered.

SIGNATURE:

Richard J. Boone SIGNATURE REQUIRED

2/1/99

305.854.8848

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)