FILE NOW: FILING FEE IS $61.25

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Jul 02 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # **725424** **(6)**

1. Corporation Name

JOHN CHARLES CONDOMINIUM ASSOCIATION INC

Principal Place of Business	Mailing Address
7646 ABBOTT AVE. UNITE #6 MIAMI BEACH FL 33141 US	P. O. BOX 414872 MIAMI BEACH FL 33141 US

3. Date Incorporated or Qualified: 01/31/1973

4. FEI Number: 59-1581978 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 Country — 30

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. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

FISET, CECILE
7646 ABBOTT AVENUE, UNIT 6
MIAMI BEACH FL 33141

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

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 _____ DATE
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	PD TITLE ONLY	☑ DELETE	1.1 TITLE	DIRECTOR	☑ Change ☐ Addition
NAME	FISET, CECILE		1.2 NAME		
STREET ADDRESS	7646 ABBOTT AVE., APT. #6		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH FL		1.4 CITY-ST-ZIP		
TITLE	VPD	☐ DELETE	2.1 TITLE	NOW PRESIDENT	☑ Change ☐ Addition
NAME	VALDEZ, ZENAIDA		2.2 NAME		
STREET ADDRESS	7646 ABBOTT AVE, APT #5		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH FL		2.4 CITY-ST-ZIP		
TITLE	STD	☑ DELETE	3.1 TITLE	TREASURER	☐ Change ☑ Addition
NAME	TREMBLAY, JEAN GUY		3.2 NAME		
STREET ADDRESS	7646 ABBOTT AVE, APT #4		3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH FL		3.4 CITY-ST-ZIP		
TITLE	~~Miguel Rodriguez~~	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	~~7646 Abbott Ave. Apt. 4~~		4.2 NAME		
STREET ADDRESS	~~Miami Beach Fla 33141~~		4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	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		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (10/97)

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: Miguel Rodriguez Miguel Rodriguez 5/1/98 x 865-4391