SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT **CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 725771

(0)

BUFFERD CONDOMINIUM ASSOCIATION, INC. A CONDOMIN IUM

Principal Place of Business Mailing Address				
825 EUCLID AVENUE MIAMI BEACH FL 33139		825 EUCLID AVENUE MIAMI BEACH FL 33139		3. Date Incorporated or Qualified 03/08/1973
				4. FEI Number Applied For Not Applied by Not Applied For Not A
2. Principal	Place of Business	2a. Mailing Address 26		Certificate of Status Desired \$8.75 Additional Fee Required
Sulte, Apt	#, etc.	Suite, Apt. #, etc.		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
City & Sta	ato	City & State		7. Is this nonprofit corporation a homeowners association?
Zip	Country 25	Zip 3	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No
	9. Name and Address of Cu	. —		10. Name and Address of New Registered Agent
7625 N.E. 7TH COURT MIAMI FL 33137 83			EDITH LOPEZ Address (P.O. Box Number is Not Acceptable) # 1	
			84 City	NAMIBEACH FL 85 学9930
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 typod or britised hame of registered agent and wille it epiplicable. (NOTE: Registered Agent signature required when reinstating) DATE				re required when reinstaling) DATE
12.		AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	X DELETE	1.1 TITLE	PP Change X Addition
NAME	AMADOR, OSVALDO	, -	1.2 NAME	EDITH LOPEZ 825 EUCLID AVE# 1
STREET ADDRESS	1.000 1.00. 1.11. 0.00.11		1.3 STREET ADDRESS	86560000 8004
CITY-ST-ZIP	MIAMI FL 33137		1.4 CITY-ST-ZIP	MIAMI BEACH PL37139
TITLE	SD	DELETE	2.1 TITLE	SD Change X Addition
NAME	LOPEZ, SERGIO	,	2.2 NAME	JOEL VILCHEZ
STREET ADDRESS	825 EUCLID AVE		2.3 STREET ADDRESS	825 EUCLID AVE# 5 MIAMI BEACH FE 3713/1
CITY-ST-ZIP	MIAMI BEACH FL 33139		2.4 CITY-ST-ZIP	MIAMI BEACH FE 37131
TITLE	10	DELETE	3.1 TITL€	1-17-7-1 1 m M
NAME	FOULAN, MARIE		3.2 NAME	MARIE FOULON LICHANGE MADDIUM
STREET ADORESS	454 55455 111511551		3.3 STREET ADDRESS	825 EUCLID AVE # 6 MIAMI BEACHR 33139
CITY-ST-ZiP	MIAMI BEACH FL 33139		3.4 City-St-ZIP	
TITLE		L DELETE	4.5 TITLE	Change Addition
NAME			4.2 NAME	
STREET ADDRESS	·}		4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		DELETE	6.1 TATLE	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			63 STREET ADDRESS	

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 of 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.

FILED

Sep 10 1998 8:00am'

Secretary of State