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NONPROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT # 726412

(0)

FL	AGLER	SUITES	CONDOMINIUM ASSOCIATION.	INC.

SIGNATURE: Manual Signature and pripe on printed name of signing of the or director

Principal Place of Business Mailing Address 6900 WEST FLAGLER STREET 6900 WEST FLAGLER STREET MIAMI FL 33144-2844 MIAMI FL 33144-2844 3. Date Incorporated or Qualified 3a. Date of Last Report 05/16/1973 08/08/1995 2. Principa! Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 59-1469282 SAME 26 SAHE Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Ζıp Country Zip Country 8. This corporation has liability for intangible tax under s. 199,032, 24 25 29 30 Florida Statutes ☑ Yes □ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name DURANONA, MANUEL 3. 82 Street Address (P.O. Box Number is Not Acceptable) 6900 W FLAGLER ST #2A MIAMI FL 33144 83 84 City Zip Code 85 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if application (NOTE Registered Agent signature required when reinstating (12/95)12 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. PD TILLE DELETE 1.1 TITLE Addition Change DURANONA, MANUEL E. NAME 1.2 NAME CR2E037 6900 W FLAGLER ST, #1A STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL CITY - ST - ZiP 1.4 CITY - \$1 - ZIP Sn T:TLE DELETE 50 Change 21 FITLE Addition Brito OndINA 6400 W Flacler ST Apt # 2A RIVERO, FANNY NAME 2.2 NAME 6900 W FLAGLER ST 2D STREET ADDRESS 2.3 STREET ADDRESS MIAMI FL HIANI FL CITY-ST-ZIP 2 4 CiTY-ST-ZIP TITLE DELETE 31 TIFLE ☐ Change ☐ Addition NAME RAVELO, RICARDO 3 2 NAME 6900 W FLAGLER ST #2D STREET ADDRESS 3 3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 3.4 CHTY ST-ZIP TiTLE DELETE 4.1 THILE Change ☐ Addition NAME: 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CHTY - ST - ZIP 44 CITY-ST-ZIP TITLE DELETE 51 TITLE Change Addition NAME 5.2 NAME STREE! ADDRESS 5 3 STREET ADDRESS CITY - ST - Z/P 5 4 CITY-ST-ZIP TITLE TTDELETE! 61 TITLE Change Addition NAME 6 2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 64 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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.

1-5-96 (305) -261-8563
Date Daytine Phone #