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Jun 26 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 727318 (8)
 1. Corporation Name
THE CONQUEROR CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business C/O DEVELOPMENT CONSULTANTS INC 2901 SIMMS STREET HOLLYWOOD FL 33020 US	Mailing Address DEVELOPMENT CONSULTANTS INC 2901 SIMMS STREET HOLLYWOOD FL 33020-1510 US
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3. Date Incorporated or Qualified 08/30/1973	3a. Date of Last Report 02/21/1996
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2. Principal Place of Business 21 CONQUEROR CONDO ASSOC. Suite, Apt. #, etc. 22 City & State 23 NORTH MIAMI BEACH FL 24 Zip 33160 25 Country DADE	2a. Mailing Address 26 3948 N.E. 169TH STREET Suite, Apt. #, etc. 27 City & State 28 3948 N.E. 169TH ST. 29 Zip 33160 30 Country DADE
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4. FEI Number 59-1882599	☒ 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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent
 MEYROWITZ, ANDREW
 C/O DEVELOPMENT CONSULTANTS INC
 2901 SIMMS STREET
 HOLLYWOOD FL 33020

10. Name and Address of New Registered Agent
 81 Name ROBERT KIRCHER
 82 Street Address (P.O. Box Number is Not Acceptable)
 3948 N.E. 169ST #200
 83 UNIT #200
 84 City NORTH MIAMI BEACH FL 85 Zip Code 33160

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 *Robert Kircher* DATE 4-17-97
 (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	DELETE
NAME	GONZALO
STREET ADDRESS	3948 NE 169 ST
CITY-ST-ZIP	NMB FL
TITLE	DELETE
NAME	D GROSS, RUTH
STREET ADDRESS	3948 NE 169 STREET #501
CITY-ST-ZIP	NORTH MIAMI BEACH FL
TITLE	DELETE
NAME	D VALDEZ, ALEYDA
STREET ADDRESS	3948 NE 169 STREET #402
CITY-ST-ZIP	N MIAMI BEACH FL
TITLE	DELETE
NAME	D KIRCHER, ROBERT
STREET ADDRESS	3948 NE 169 STREET SUITE 200
CITY-ST-ZIP	N MIAMI BEACH FL
TITLE	DELETE
NAME	D COHEN, LYNNE
STREET ADDRESS	3948 NE 169 STREET #504
CITY-ST-ZIP	N MIAMI BEACH FL
TITLE	DELETE
NAME	S MCKINNON, RICHARD
STREET ADDRESS	3948 NE 169 ST
CITY-ST-ZIP	NMB FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	S Change ☒ Addition
1.2 NAME	FERNANDO STALKER
1.3 STREET ADDRESS	3948 NE 169ST #201
1.4 CITY-ST-ZIP	N.M.B., FL 33160
2.1 TITLE	P Change ☒ Addition
2.2 NAME	KIRCHER, ROBERT
2.3 STREET ADDRESS	3948 N.E. 169ST #200
2.4 CITY-ST-ZIP	N.M.B., FL 33160
3.1 TITLE	D-VP Change ☒ Addition
3.2 NAME	RICHARD MCKINNON
3.3 STREET ADDRESS	3948 NE 169ST #302
3.4 CITY-ST-ZIP	N.M.B., FL 33160
4.1 TITLE	Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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: *Richard McKinnon* (Richard M. McKinnon) 3-1-97 305-945-7294

CR2E037 (9/96)