2005 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # 728042

1. Entity Name
ZURICH CONDOMINIUM ASSOCIATION, INC.

FILED
05 JUL 25 AM 11:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
13480 NE 6TH AVE
MIAMI, FL 33161 US

Mailing Address
13480 NE 6TH AVE
MIAMI, FL 33161 US

07222005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number 59-2351488 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GHEBREHWET, AFEWORKI
13480 NE 6TH AVE
MIAMI, FL 33161

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

400058354634
08/09/05--01002--008 **61.25

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Amended AR is $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD ☐ Delete	TITLE	V ☐ Change ☒ Addition
NAME	AFEWORKI, GHEBREHWET	NAME	MANUEL Aladro
STREET ADDRESS	13480 NE 6TH AVE, #116	STREET ADDRESS	13480 6th Avenue # 305
CITY-ST-ZIP	NORTH MIAMI, FL	CITY-ST-ZIP	NORTH MIAMI FL 33161
TITLE	D ☐ Delete	TITLE	S ☐ Change ☒ Addition
NAME	GACHELIN, JEAN N	NAME	MiLeida Rodriguez
STREET ADDRESS	13480 NE 6 AVE #304	STREET ADDRESS	13480 NE 6th Avenue # 305
CITY-ST-ZIP	MIAMI, FL 33161	CITY-ST-ZIP	NORTH MIAMI, FL, 33161
TITLE	T ☐ Delete	TITLE	D ☐ Change ☒ Addition
NAME	CARTY, MYRON	NAME	PATRICIA Thompson
STREET ADDRESS	13480 NE 6TH AVE # 311	STREET ADDRESS	13480 NE 6th Ave # 303
CITY-ST-ZIP	MIAMI, FL 33161	CITY-ST-ZIP	NORTH MIAMI, FL, 33161
TITLE	D ☐ Delete	TITLE	D ☐ Change ☒ Addition
NAME	CHARLES, YVES	NAME	Anthony Aladro
STREET ADDRESS	13480 NE 6TH AVE #114	STREET ADDRESS	13480 NE 6th Ave # 305
CITY-ST-ZIP	NORTH MIAMI, FL 33161	CITY-ST-ZIP	NORTH MIAMI, FL, 33161
TITLE	S ☐ Delete	TITLE	D ☐ Change ☒ Addition
NAME	WESLER, AIME	NAME	JOSE Antonio Aladro
STREET ADDRESS	13480 NE 6TH AVE #316	STREET ADDRESS	13480 NE 6th Ave # 305
CITY-ST-ZIP	NORTH MIAMI, FL 33161	CITY-ST-ZIP	NORTH MIAMI FL 33161
TITLE	T ☐ Delete	TITLE	D ☐ Change ☒ Addition
NAME	SEGREE, PATRICIA	NAME	JOSE MANUEL Aladro
STREET ADDRESS	13480 NE 6TH AVE #303	STREET ADDRESS	13480 NE 6th Ave # 305
CITY-ST-ZIP	NORTH MIAMI, FL 33161	CITY-ST-ZIP	NORTH MIAMI, FL, 33161

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 7/22/05 786 262 2211
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #