

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**FILED**  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 FEB 14 PM 2:36

**DOCUMENT # 729327 (7)**  
1. Corporation Name  
**TAMIAMI MALL CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business Mailing Address  
**8754 S.W. 8TH STREET MIAMI FL 33174**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **04/05/1974** 3a. Date of Last Report **02/15/1994**  
4. FEI Number **59-1602662** 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**  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **\$68.75 Supplemental Fee Not Required**  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 25 29 30

9. Name and Address of Current Registered Agent  
**CASTRO, HENRY  
8772 S.W. 8TH ST.  
MIAMI FL 33174**

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when resigning) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	1.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASTRO, HENRY	1.2 NAME	CASTRO, HENRY
STREET ADDRESS	8772 SW 8TH ST	1.3 STREET ADDRESS	8772 S.W. 8th St.
CITY- ST- ZIP	MIAMI, FL 00000	1.4 CITY- ST- ZIP	Miami, Fl. 33174
TITLE	PD	2.1 TITLE	s/T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEL COLLADO, ANTOLIN	2.2 NAME	RODRIGUEZ, FRANCISCO
STREET ADDRESS	8798 SW 8TH ST.	2.3 STREET ADDRESS	8764 S.W. 8th St.
CITY- ST- ZIP	MIAMI, FL 00000	2.4 CITY- ST- ZIP	Miami, Fl. 33174
TITLE	TD	3.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAHONEY, BRIAN	3.2 NAME	VALLINA, BERNARDO
STREET ADDRESS	8776 S.W. 8TH STREET	3.3 STREET ADDRESS	8755 S.W. 8th St.
CITY- ST- ZIP	MIAMI FL	3.4 CITY- ST- ZIP	Miami, Fl. 33174
TITLE		4.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	ARTURO ACEITUNO
STREET ADDRESS		4.3 STREET ADDRESS	8792 S.W. 8th St.
CITY- ST- ZIP		4.4 CITY- ST- ZIP	Miami, Fl. 33174
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		6.4 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 110.07(3)(A), Florida Statutes. I further certify that the information indicated on the 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 of a corporation or an attachment with an address.

SIGNATURE: Henry D. Castro 1-24-95 (305) 223-3131  
SIGNATURE AND TYPED OR PRINTED NAME OF MEMBER OF OFFICER OR DIRECTOR (Name) (Address) (Phone #)  
**HENRY D. CASTRO**  
**PRESIDENT**