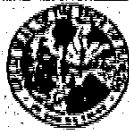


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

FILED

CORPORATION
ANNUAL REPORT
1995



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

95 MAR 21 PM 3:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 729722 (9)

1. Corporation Name

THE IMPERIAL TERRACES CONDOMINIUM ASSOCIATION, I
NC.

Principal Place of Business

1825 WEST 44TH PL.
STE 1212
HIALEAH FL 33012
US

Mailing Address

1825 WEST 44TH PL.
STE 1212
HIALEAH FL 33012
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
05/09/1974

3a. Date of Last Report
03/02/1994

4. FEI Number
59-1603328

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

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

VILLOPIA, EUSTACIO
1825 WEST 44TH PL., APT. 1202
HIALEAH FL 33012

10. Name and Address of New Registered Agent

81 Name MANUELA FERNANDEZ

82 Street Address (P.O. Box Number is Not Acceptable)

83 1825 WEST 44TH PL APT 1212

84 City HIALEAH

FL 85 Zip Code 33012

11. Pursuant to the provisions of Sections 607.0502 and 607.1608, 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

Manuela Fernandez

Manuela Fernandez

3/11/95

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME VILLOPIA, EUSTACIO
STREET ADDRESS 1825 W 44TH PL, APT 1202
CITY-ST-ZIP HIALEAH FL

TITLE VD
NAME IBARRA, RODOLFO
STREET ADDRESS 1825 W 44TH PL APT 902
CITY-ST-ZIP HIALEAH FL

TITLE TD
NAME FERNANDEZ, MANUELA
STREET ADDRESS 1825 W 44TH PL, APT 911
CITY-ST-ZIP HIALEAH FL

TITLE SD
NAME RAMIREZ, ANA
STREET ADDRESS 1825 W 44TH PL, APT 710
CITY-ST-ZIP HIALEAH FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD FERRI, AJA ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 1825 W 44TH PL APT 902
1.4 CITY-ST-ZIP HIALEAH FL 33012

2.1 TITLE VD RAFAEL MAYOR ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 1825 W 44TH PL APT 502
2.4 CITY-ST-ZIP HIALEAH FL 33012

3.1 TITLE D MANUELA FERNANDEZ ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS 1825 W 44TH PL APT 911
3.4 CITY-ST-ZIP HIALEAH FL 33012

4.1 TITLE TD GUILLERMO ZAYAS ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS 1825 W 44TH PL APT 1210
4.4 CITY-ST-ZIP HIALEAH FL 33012

5.1 TITLE D ELIAS HERNANDEZ ☐ Change ☒ Addition
5.2 NAME
5.3 STREET ADDRESS 1825 W 44TH PL APT 901
5.4 CITY-ST-ZIP HIALEAH FL 33012

6.1 TITLE SD ANA RAMIREZ ☒ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS 1825 W 44TH PL APT 710
6.4 CITY-ST-ZIP HIALEAH FL 33012

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)(b), 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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

FERRI, AJA

3/11/95

Daytime Phone #