

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 10 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONSDOCUMENT # **729722** (9)

1. Corporation Name

THE IMPERIAL TERRACES CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

**1825 WEST 44TH PL.
STE 1212
HIALEAH FL 33012
US****NEW MAILING ADDRESS.
C/O THE TIMBERLAKE GROUP, INC.
5050 N.W. 74TH AVENUE
MIAMI, FL. 33166**3. Date Incorporated or Qualified
05/09/19743a. Date of Last Report
03/18/1996

2. Principal Place of Business

% The Timberlake Group

2a. Mailing Address

5050 NW 74TH AVE

4. FEI Number

59-1603328

Applied For

Not Applicable

Suite, Apt. #, etc.

5050 NW 74TH AVE

Suite, Apt. #, etc.

5050 NW 74TH AVE

5. Certificate of Status Desired

X**\$8.75 Additional****Fee Required**

City & State

MIAMI, FL

City & State

MIAMI, FL6. Election Campaign Financing
Trust Fund Contribution ☐**\$5.00 May Be
Added to Fees**

Zip

33166

Country

DADE

Zip

33166

Country

DADE8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

~~**FERNANDEZ, MANUELA
1825 WEST 44TH PL
APT 1212
HIALEAH FL 33012**~~

10. Name and Address of New Registered Agent

**81 Name Robert A. DUGGER
82 Street Address (P.O. Box Number is Not Acceptable)
5050 NW 74TH AVE.
83
84 City MIAMI FL 85 Zip Code 33166**

11. Pursuant to the provisions of Sections 617.0502 and 617.1608, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/30/97

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	FIDEI, AJA	
STREET ADDRESS	1825 W 44TH PL APT 908	
CITY-ST-ZIP	HIALEAH FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	MAYOR, RAFAEL	
STREET ADDRESS	1825 W 44TH PL APT 502	
CITY-ST-ZIP	HIALEAH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	FERNANDEZ, MANUELA	
STREET ADDRESS	1825 W 44TH PL APT 911	
CITY-ST-ZIP	HIALEAH FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	ZAYAS, GUILLERMO	
STREET ADDRESS	1825 W 44 PL APT. 1210	
CITY-ST-ZIP	HIALEAH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HERNANDEZ, ELIAS	
STREET ADDRESS	1825 W 44 PL., APT 901	
CITY-ST-ZIP	HIALEAH FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	RAMIREZ, ANA	
STREET ADDRESS	1825 W 44 PL APT 710	
CITY-ST-ZIP	HIALEAH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	SANTIAGO GOMEZ	
1.3 STREET ADDRESS	1825 W 44TH PL. APT. 1007	
1.4 CITY-ST-ZIP	HIALEAH, FL 33012	
2.1 TITLE	VD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	ALLAN LOPEZ	
2.3 STREET ADDRESS	1825 W 44TH PL. APT. 1103	
2.4 CITY-ST-ZIP	HIALEAH, FL. 33012	
3.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	ARMANDO LOPEZ	
3.3 STREET ADDRESS	1825 W 44TH PL. APT 1001	
3.4 CITY-ST-ZIP	HIALEAH, FL. 33012	
4.1 TITLE	TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	JACINTO ESTRAVIT	
4.3 STREET ADDRESS	1825 W 44TH PL. APT. 1111	
4.4 CITY-ST-ZIP	HIALEAH, FL. 33012	
5.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	ARACELI DIAZ	
5.3 STREET ADDRESS	1825 W 44TH PL. APT. 801	
5.4 CITY-ST-ZIP	HIALEAH, FL. 33012	
6.1 TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	ELISA GOMILA	
6.3 STREET ADDRESS	1825 W 44TH PL. APT. 703	
6.4 CITY-ST-ZIP	HIALEAH, FL. 33012	

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: **X**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **1/24/97**Daytime Phone # **0022993**

CR2E037 (9/96)