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Mar 03 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **729722** (9)
1. Corporation Name
**THE IMPERIAL TERRACES CONDOMINIUM ASSOCIATION, I
NC.**

Principal Place of Business C/O THE TIMBERLAKE GROUP 5050 NW 74TH AVE MIAMI FL 33166 US	Mailing Address 5050 NW 74TH AVE MIAMI FL 33166 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 05/09/1974	4. FEI Number 59-1603328	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ROBERT A DUGGER
5050 NW 74TH AVE
MIAMI FL 33166**

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 Zip Code
			FL	

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 **R.A. DUGGER** DATE **2-16-98**
Signature typed or printed name of registered agent and, if not applicable, (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	PD <input checked="" type="checkbox"/> DELETE
NAME	FIDEL AJA
STREET ADDRESS	1825 W 44TH PL APT 1007
CITY-ST-ZIP	HALEAH FL
TITLE	VD <input checked="" type="checkbox"/> DELETE
NAME	ALLAN LOPEZ
STREET ADDRESS	1825 W 44TH PL APT 1103
CITY-ST-ZIP	HALEAH FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	ARMANDO LOPEZ
STREET ADDRESS	1825 W 44TH PL APT 1001
CITY-ST-ZIP	HALEAH FL
TITLE	TD <input type="checkbox"/> DELETE
NAME	JACINTO ESTRAVIT
STREET ADDRESS	1825 W 44TH PL APT 1111
CITY-ST-ZIP	HALEAH FL 33012
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	ARAGELI DIAZ
STREET ADDRESS	1825 W 44TH PL APT 801
CITY-ST-ZIP	HALEAH FL
TITLE	SD <input type="checkbox"/> DELETE
NAME	ELISA GOMILA
STREET ADDRESS	1825 W 44TH PL APT 703
CITY-ST-ZIP	HALEAH FL 33012

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	PD <input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	GOMEZ, SANTIAGO,
1.3 STREET ADDRESS	1825 W. 44th. Place, #1007,
1.4 CITY-ST-ZIP	Hialeah, Florida 33012
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/22/98

Date Daytime Phone #

CR2E037 (10/97)