FILE NOW: FILING FEE AFTER MAY 1 IS $165.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 18 PM 10: 19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 732071 (6)

1. Corporation Name

FUTURA VILLAS CONDOMINIUM ASSOCIATION NO. 6, INC

Principal Place of Business	Mailing Address
1965 NE 208 TER. MIAMI FL 33179	1965 NE 208 TER. MIAMI FL 33179

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/06/1975
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-1651156 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business
21 FUTURA VILLAS
22 13963 N.E. 2ND AVE
23 NORTH MIAMI, FLA
24 Zip 33161 25 Country DADE

2a. Mailing Address
26 SAME
27 Suite, Apt. #, etc.
28 City & State
29 Zip
30 Country

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

9. Name and Address of Current Registered Agent

MIZRAHI, JOSEPH
1965 NE 208 TERR.
MIAMI FL 33179

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE		☐ Change ☐ Addition
NAME	MIZRAHI, JOSEPH	1.2 NAME		
STREET ADDRESS	1965 NE 208 TERR.	1.3 STREET ADDRESS		
CITY-ST-ZIP	N MIAMI BEACH FL 33179	1.4 CITY-ST-ZIP		
TITLE	D	2.1 TITLE		☐ Change ☐ Addition
NAME	MIZRAHI, MICHELLE	2.2 NAME		
STREET ADDRESS	1965 NE 208 TERR.	2.3 STREET ADDRESS		
CITY-ST-ZIP	N MIAMI BEACH FL 33179	2.4 CITY-ST-ZIP		
TITLE	D	3.1 TITLE		☐ Change ☐ Addition
NAME	BONNARDEL, KENNETH	3.2 NAME		
STREET ADDRESS	17100 COLLINS AVE. #209	3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH FL 33160	3.4 CITY-ST-ZIP		
TITLE	D	4.1 TITLE		☐ Change ☐ Addition
NAME	HORIN, AVIVA BEN	4.2 NAME		
STREET ADDRESS	21321 NE 19 AVE.	4.3 STREET ADDRESS		
CITY-ST-ZIP	N. MIAMI BEACH FL 33179	4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
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 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: Joseph Mizrahi JOSEPH MIZRAHI 4/13/95 305 9338343
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0944799