

4397 B-3982 C  
FILE NOW: FILING FEE IS \$61.25

FILED

Apr 03 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **733364** (4)

1. Corporation Name

**4011 PROFESSIONAL CENTER CONDOMINIUM, INC.**

Principal Place of Business

Mailing Address

% ORLANDO AND AURELIA REYES, P.A.,  
4011 W. FLAGLER ST., SUITE 504  
MIAMI FL 33134

% ORLANDO AND AURELIA REYES, P.A.,  
4011 W. FLAGLER ST., SUITE 504  
MIAMI FL 33134-1643



3. Date Incorporated or Qualified  
**07/24/1975**

3a. Date of Last Report  
**05/01/1996**

2. Principal Place of Business

2a. Mailing Address

21 % **Centrust Realty, Inc.**  
Suite, Apt. #, etc.

26 % **Centrust Realty, Inc.**  
Suite, Apt. #, etc.

4. FEI Number  
**59-1652669**

Applied For  
☐ Not Applicable

22 **4011 W. Flagler St. Suite 404**  
City & State

27 **4011 W. Flagler St. Ste 404**  
City & State

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

23 **Miami, Florida**

28 **Miami, Florida**

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

24 **33134** Country **USA**

29 **33134** Country **USA**

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**REYES, ORLANDO E.**  
**4011 W. FLAGLER ST., #504**  
**MIAMI FL 33134**

81 Name **Rolanda Velasco**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**4011 W. Flagler St #404**  
83  
84 City **Miami** FL 85 Zip Code **33134**

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 **X Yasser Bataineh** **YASSER BATAINEH VPD** **March 31, 97**  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **VPD** ☒ DELETE  
NAME **VAZQUEZ, ELOY**  
STREET ADDRESS **4011 W FLAGLER ST. #503**  
CITY-ST-ZIP **MIAMI FL**

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE **TD** ☐ DELETE  
NAME **REYES, ORLANDO E.**  
STREET ADDRESS **4011 W FLAGLER ST. #504**  
CITY-ST-ZIP **MIAMI FL**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE  
NAME **VELASCO, ROLANDO**  
STREET ADDRESS **4011 W FLAGLER ST #404**  
CITY-ST-ZIP **MIAMI FL**

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE  
NAME **BATAINEH, YASSER T**  
STREET ADDRESS **4011 W FLAGLER ST #205**  
CITY-ST-ZIP **MIAMI FL**

4.1 TITLE ☒ Change ☐ Addition  
4.2 NAME **VPD**  
4.3 STREET ADDRESS **Bataineh, Yasser T.**  
4.4 CITY-ST-ZIP **4011 W. Flagler St #205**  
**Miami, FL 33134**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☒ Addition  
5.2 NAME **D**  
5.3 STREET ADDRESS **Nelly Valencia**  
5.4 CITY-ST-ZIP **4011 W Flagler St #203**  
**Miami, FL 33134**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☒ Addition  
6.2 NAME **D**  
6.3 STREET ADDRESS **Jorge Armada**  
6.4 CITY-ST-ZIP **4011 West Flagler St #508**  
**Miami, FL 33134**

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 Yasser Bataineh** REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**March 17, 97** (305) 642 3401  
Date Daytime Phone # 0027211

CR2E037 (9/96)