

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 08 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 # **739214**

1. Corporation Name
Rograb Warehouse Condominium Association, Inc.

Principal Place of Business Mailing Address
7327 NW 8 St. Same
Miami, FL 33126

3. Date Incorporated or Qualified
6-3-77

4. FEI Number **59-1818339**
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. Is this nonprofit corporation a homeowners association?
☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30 ☐ Yes ☒ No

2. Principal Place of Business 2a. Mailing Address
21 **Same as above** 26 **Same as above**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip
Country Country
24 25 29 30

9. Name and Address of Current Registered Agent

Blanca M. Duque
7327 NW 8th St.
Miami, FL 33126

10. Name and Address of New Registered Agent

81 Name **Georgina M. Ferreiro**
82 Street Address (P.O. Box Number is Not Acceptable)
83 **7327 NW 8th St.**
84 City **Miami** FL 85 Zip Code **33126**

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 **Georgina M. Ferreiro** DATE **3.30.98**
Signature typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD, Zicler, Freitas	<input checked="" type="checkbox"/> DELETE
NAME	7341 NW 8th Street	
STREET ADDRESS	Miami, FL 33126	
CITY-ST-ZIP		
TITLE	VD, Fajin, Ramon	<input checked="" type="checkbox"/> DELETE
NAME	7339 NW 8th St.	
STREET ADDRESS	Miami, FL 33126	
CITY-ST-ZIP		
TITLE	TSD, Duque, Blanca M.	<input checked="" type="checkbox"/> DELETE
NAME	7327 NW 8th St.	
STREET ADDRESS	Miami, FL 33126	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD, Miguel A. Ferreiro	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	7327 NW 8th St.	
1.3 STREET ADDRESS	Miami, FL 33126	
1.4 CITY-ST-ZIP		
2.1 TITLE	VD, Lourdes Porro	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	7329 NW 8th St.	
2.3 STREET ADDRESS	Miami, FL 33126	
2.4 CITY-ST-ZIP		
3.1 TITLE	TSD, Georgina M. Ferreiro	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	7327 NW 8th St.	
3.3 STREET ADDRESS	Miami, FL 33126	
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: **Georgina M. Ferreiro**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/30/98

305-662-4949

CR2E037 (10/97)