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CORPORATION ANNUAL REPORT 1995

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # 748071 (8)

1. Corporation Name
PARKVIEW PLAZA CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
7300 WAYNE AVENUE MIAMI BCH FL 33141	7300 WAYNE AVENUE MIAMI BCH FL 33141

3. Date Incorporated or Qualified: 07/12/1979
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2204199 ☐ 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. 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

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

9. Name and Address of Current Registered Agent

RAPOPORT, ALLEN J
2399 PONCE DE LEON BLVD
STE - 1110
CORAL GABLES FL 33134

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD	1.1 TITLE	P ☒ Change ☐ Addition
NAME	RAPOPORT, NORTON A	1.2 NAME	FANI ELJAS
STREET ADDRESS	7300 WAYNE AVE / STE - 505	1.3 STREET ADDRESS	7300 WAYNE AVE 208
CITY-ST-ZIP	MIAMI BCH, FL 33141	1.4 CITY-ST-ZIP	MIAMI BEACH, FL. 33141
TITLE	PD	2.1 TITLE	TS ☒ Change ☐ Addition
NAME	RAPOPORT, NORTON A	2.2 NAME	NORTON A. RAPOPORT
STREET ADDRESS	7300 WAYNE AVE / STE - 505	2.3 STREET ADDRESS	7300 WAYNE AVE 505
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	MIAMI BEACH, FL 33141
TITLE	TV	3.1 TITLE	V ☒ Change ☐ Addition
NAME	GIULIANTI, ELAINE	3.2 NAME	CLAUDIA ESTRADA
STREET ADDRESS	7300 WAYNE AVE #212	3.3 STREET ADDRESS	7300 WAYNE AVE 317
CITY-ST-ZIP	MIAMI BCH, FL 33141	3.4 CITY-ST-ZIP	MIAMI BEACH, FL. 33141
TITLE	PD	4.1 TITLE	☒ Change ☐ Addition
NAME	GAFCOVICH, DEBRA	4.2 NAME	X
STREET ADDRESS	7300 WAYNE AVE #313	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BCH, FL 33141	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)(k), 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: Norton A. Rapoport NORTON A. RAPOPORT 2/27/95 305 861 9883
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0042886