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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # **750109** **(1)**

1. Corporation Name

PARK TOWERS RESIDENCE AFILIATION, INC.

Principal Place of Business	Mailing Address
10700 S.W. 109TH COURT ~~APT 213~~ #13 MIAMI FL 33176	10700 S.W. 109TH COURT ~~APT 213~~ #13 MIAMI FL 33176

MERCEDES MARTINEZ

2. Principal Place of Business	2a. Mailing Address
21 10700 SW 109 Ct apt 213	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 MIAMI, FL.	27
City & State	City & State
23	28
Zip / Country	Zip / Country
24 33176 / 25 USA	29 / 30

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/07/1979	3a. Date of Last Report: 06/28/1994
4. FEI Number: NOT APPLICABLE	☐ 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	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
VALDES, ZENAIDA 10700 SW 109TH CT #349 MIAMI FL 33176	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	PD	11 TITLE	ADRIANA E. SILVA ☒ Change ☐ Addition
NAME	~~ALVAREZ, MANUELA~~	12 NAME	10700 SW 109 Ct apt 324
STREET ADDRESS	~~10700 S.W. 109TH CT., #239~~	13 STREET ADDRESS	MIAMI, FL. 33176
CITY-ST-ZIP	~~MIAMI FL~~	14 CITY-ST-ZIP	
TITLE	DS	21 TITLE	☐ Change ☐ Addition
NAME	FERNANDEZ, EDELMIRA	22 NAME	
STREET ADDRESS	10700 SW 109TH CT.	23 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	24 CITY-ST-ZIP	
TITLE	TA	31 TITLE	MERCY MARTINEZ ☒ Change ☐ Addition
NAME	~~VALDES, ZENAIDA~~	32 NAME	10700 SW 109 Ct. apt 218
STREET ADDRESS	~~10700 SE SW 109 CT #349~~	33 STREET ADDRESS	MIAMI, FL. 33176
CITY-ST-ZIP	~~MIAMI FL~~	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	DALMAU, NORA	42 NAME	
STREET ADDRESS	10700 SW 109TH CT #138	43 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	SARIOL, SARA	52 NAME	
STREET ADDRESS	10700 SW 109 CT #322	53 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	LARRIEU, HORTENSIA	62 NAME	
STREET ADDRESS	107 SW 109TH CT #305	63 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	64 CITY-ST-ZIP	

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*****68.75 *****68.75

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: Adriana E. Silva President 2-16 1995
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL SIGNING (OFFICER OR DIRECTOR) Date Daytime Phone #

305-234-0979