FILE NOW: FILING FEE IS \$61.25 NONPROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham . ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 DOCUMENT # 750109 Park Towers Residence Affiliation, Inc. Principal Place of Business Mailing Address 10700 5 W. 109+ Court 10700 5W.109# Ct. Apt. 427 Apt. 427 3. Date Incorporated or Qualified Miami, Florida 33176 3a. Date of Last Report Miami, Florida 33176 2/22/1995 12/7/1979 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For not applicable 21 26 ✓ Not Applicable Suite, Apt. #. etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certif-cate of Status Desired 22 27 Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees Zιο Country Country 8. This corporation has liability for intangible tax under s. 199 032, 24 29 30 Florida Statutos Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Maria Miyar 10700 SW! 109th Ct., Apt. 427 Street Address (P.O. Box Number is Not Acceptable) Miami, FL 33176 84 City 85 Zip Code 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 MOVIA Musiport
Stignarure Typest or princed traine of reg softed agent and title if applicable 3-13-96 (NOTE: Registered Agent signature reduced when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. Adriana F. Silva TITLE DELETE 13 TITLE L2 NAME 10700 S.W. 109+ Ct. #324 STREET ADDRESS 13 STREET ADDRESS Miami, FL 33176 CITY - ST - ZIP 14 CITY-ST-ZIP d vice president D Delia Diaz Change VICE PRSIDENT TITLE DELETE Addition 2.1 TITLE STREET ADDRESS 10700 5.W. 109+h Ct. #340 2.3 STREET ADDRESS Miami, FL 33176 CITY-ST ZIE 2 4 CITY-S1-ZIP DELETE 05 secretary Change Addition 3.1 THILE Edelmira Fernandez 3.2 NAME STREET ADDRESS 10700 S.W 109th Ct. #320 3 3 STREET ADDRESS Miami, FL 33176 3.4. CITY - ST - ZIP d vice secretary D DELETE Change Addition TITLE 4 1 TITLE 100001761571 NAME Ines Perez 10 700 SW. 109th Ct. #249 -03/28/96--01088--024 4.3 STREET ADDRESS Miami, FL 33176 \*\*\*61.25 CITY - ST - ZIE 4.4 CITY - ST - ZIP IIII TAZ treasurer D DELETE THEASURED TA Addit-on 51 TITLE NAME | Maria Miyar STREET ADDRESS | 10700 S.WI.oqtn Ct. #427 5.3 STREET ADDRESS Miami, FL 33176 CITY-ST ZIP 5.4 C(TY+ST, Z)P vice treasurer D 6 1 TITLE Addition TITLE NAME Hortensia Larrieu 10700 S.W. 109th Ct. # 305 6.3 STREET ADDRESS Miami, FL 33176 CITY-ST-ZIP 6.4 CITY - ST - ZIP 14. I do hereby certify that the information supplied with this firing 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 sorporation 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.

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: \_\_

3-13-96 305-2719228

Date Day me Phoce #