FILE NOW: FILING FEE IS $61.25

FILED
May 11 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # 751688 (3)

1. Corporation Name
MONTE BELLO TOWNHOUSES CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
4001 N.W. 5 ST MIAMI FL 33013	P.O. BOX 3536 HIALEAH FL 33013

3. Date Incorporated or Qualified: 03/24/1980

4. FEI Number: 59-2253631 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 1025 West 77th Street	26 8625 NW 8th Street
Suite, Apt. #, etc. 22 G	Suite, Apt. #, etc. 27 #413
City & State 23 Hialeah, Florida	City & State 28 Miami, Fl.
Zip / Country 24 33014 / 25 U.S.A.	Zip / Country 29 33126 / 30 U.S.A.

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

9. Name and Address of Current Registered Agent

NUNEZ, LUZMARY
4001 N.W. 5 ST
MIAMI FL 33126

10. Name and Address of New Registered Agent

81 Name: MANAGEMENT Specialty INC.
82 Street Address (P.O. Box Number Is Not Acceptable): 8625 NW 8th STREET
83 # 413
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: [signature] April 1, 1998
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	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	LOPEZ, ALONSO		1.2 NAME		
STREET ADDRESS	1025 W 77 ST		1.3 STREET ADDRESS		
CITY-ST-ZIP	HIALEAH FL		1.4 CITY-ST-ZIP		
TITLE	TD	☒ DELETE	2.1 TITLE	TD	☒ Change ☐ Addition
NAME	MARCH, SIDNEY		2.2 NAME	ELISA MANSILLA	
STREET ADDRESS	1025 W 77 ST		2.3 STREET ADDRESS	1025 WEST 77 ST - APT C	
CITY-ST-ZIP	HIALEAH FL		2.4 CITY-ST-ZIP	HIALEAH FL 33014	
TITLE	SD	☒ DELETE	3.1 TITLE	SD	☒ Change ☐ Addition
NAME	PEREZ, ALEIDA		3.2 NAME	ORLANDO RIVERO	
STREET ADDRESS	1025 W 77 ST		3.3 STREET ADDRESS	1025 WEST 77 ST APT N	
CITY-ST-ZIP	HIALEAH FL		3.4 CITY-ST-ZIP	HIALEAH, FL. 33014	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (10/97)

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: Alonso Lopez April 1, 1998 (305) 265-1685
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0022824