

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 13 PM 1:25

DOCUMENT # 751960 (6)

1. Corporation Name

TEMPO CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

4275 N.W. 18TH STREET #316
MIAMI FL 33126

Mailing Address

221 SOUTHWEST 22ND AVENUE
SUITE 219
MIAMI FL 33135
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
04/10/1980

3a. Date of Last Report
07/01/1994

4. FEI Number

59-2033843

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. The corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

ALVAREZ, NESTOR
C/O J&M CONDO. MANAGEMENT, INC.
221 SW 22 AVENUE, #219
MIAMI FL 33135

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

X

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME LONGO, PATRICIA
STREET ADDRESS 4301 NW 18 STREET, #115
CITY-ST-ZIP MIAMI FL

TITLE T
NAME REYES, LIZZETTE
STREET ADDRESS 4265 NW 18 STREET, #205
CITY-ST-ZIP MIAMI FL

TITLE D
NAME LONGO, OSCAR
STREET ADDRESS 4301 NW 18 STREET, #115
CITY-ST-ZIP MIAMI FL

TITLE ~~VD~~
NAME ~~OSVALDO, PAULA~~
STREET ADDRESS ~~4265 NW 18 ST, APT 404~~
CITY-ST-ZIP ~~MIAMI FL~~

TITLE ~~VB~~
NAME ~~ABUJAGEA, ANTONIO~~
STREET ADDRESS ~~4301 NW 18 ST, APT 101~~
CITY-ST-ZIP ~~MIAMI FL~~

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☒ Change ☒ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

VIC PRES

HERO GIEGEL

4265 NW 18 ST APT #210

MIAMI FL

D

LUIS VAL

4275 NW 18 ST #102

MIAMI FL

D

OSCAR PEREZ

4275 NW 18 ST #314

MIAMI FL

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 110.07(3)(b), Florida Statutes. I further certify that the information included 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:

X *Alexandra P. Longo*

Date

01/1/91

(Signature)

PRESIDENT