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Feb 14 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # 751960 (6)

1. Corporation Name

TEMPO CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
4275 N.W. 18TH STREET #316 MIAMI FL 33126	~~221 SOUTHWEST 22ND AVENUE~~ ~~SUITE 219~~ ~~MIAMI FL 33135-1544~~ US c/o J+M Condo

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified: 04/10/1980	3a. Date of Last Report: 04/26/1996
21	26: 275 FOUNTAINBLEAU	4. FEI Number: 59-2033843	☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27: BLVD, STE 200	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
City & State 23	City & State 28: MIAMI	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip 24 / Country 25	Zip 29: 33172 / Country 30	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
ALVAREZ, NESTOR C/O J&M CONDO. MANAGEMENT, INC. 221 SW 22 AVENUE, #219 MAIMI FL 33135	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 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 _____ 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	P	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	GEIGLE, HERBERT		1.2 NAME		
STREET ADDRESS	4265 NW 18TH ST. 210		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	REYES, LIZZETTE		2.2 NAME		
STREET ADDRESS	4265 NW 18 STREET, #205		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP		
TITLE	VP	☒ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	~~GORDON TED~~		3.2 NAME		
STREET ADDRESS	700 NW 7TH AVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	~~FT. LAUDERDALE FL~~		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	VAL, LUIS		4.2 NAME		
STREET ADDRESS	4275 NW 18TH ST #102		4.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	PEREZ, OSCAR		5.2 NAME		
STREET ADDRESS	4275 NS 18TH ST #314		5.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE	D	☐ Change ☒ Addition
NAME			6.2 NAME	ELIZABETH ARABI	
STREET ADDRESS			6.3 STREET ADDRESS	4265 NW 18 ST #114	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	MIAMI, FL 33126	

CR2E037 (9/96)

14. I do 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: Herbert Geigle REQUIRED 2/7/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0029096