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Apr 09 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 # **752380** **(6)**

1. Corporation Name

1245 WEST AVENUE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1245 WEST AVE., APT 501 MIAMI BEACH FL 33139	1245 WEST AVE., APT 501 MIAMI BEACH FL 33139

3. Date Incorporated or Qualified: 05/06/1980

4. FEI Number: 59-2066265 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26 1245 West Ave Miami
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc. 501 33139 Beach
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

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

PEREZ, MARINA
1245 WEST AVE., APT 501
MIAMI BEACH FL 33139

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 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	PEREZ, MARINA		1.2 NAME	Marina Perez
STREET ADDRESS	1245 WEST AVE #501		1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL		1.4 CITY-ST-ZIP	
TITLE	S	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	KORNFELD, LEON	NO	2.2 NAME	
STREET ADDRESS	1245 W AVENUE APT D402		2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL		2.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	GALINA GOROKHOYSKY	NO	3.2 NAME	700002484681 -04/10/98--01008--009 ***61.25
STREET ADDRESS	1245 WEST AVE. APT. 303		3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL		3.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	RODRIGUES, MIGUEL		4.2 NAME	Rodrigues Miguel
STREET ADDRESS	1245 W AVENUE #202		4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BCH. FL		4.4 CITY-ST-ZIP	
TITLE	TD	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	SUAREZ, MARINA		5.2 NAME	Suarez Marina
STREET ADDRESS	1245 WEST AVE, APT 503		5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BCH. FL		5.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	HERNANDEZ, LILIAN		6.2 NAME	Lilian Hernandez PE 4.9
STREET ADDRESS	1245 WEST AVE APT 504		6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BCH. FL.		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: Marina Perez Vice President 4-2-98 (305) 673-5574