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NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

754122

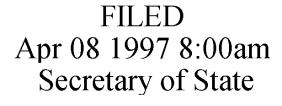
(0)

MIDWAY GARDENS APARTMENTS CONDOMINIUM ASSOCIATIO N. INC.

	52-1196

Principal Place of Business

Malling Address





P O BOX 52-1195 MIAMI FL 33152				P O BOX 52-1195 MIAMI FL 33152-1195							
								3. Date Incorporated or Qualified 09/11/1980		of Last F 3/05/19	
2. Principal Place of Business				2a. Mailing Address				4. FEI Number			pplied For
21 Suite And it also			26	26				59-2646694			ot Applicable
Suite, Apt. #, etc.				Suite, Apt. #, etc.				5. Certificate of Status Desired S8.75 Additional Fee Required			
City & State				City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
Zip Country			29	Zip Country				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes X No			
		and Address of						10. Name and Address of New Registered Agent			
						81	Name				
CASO, CARLOS R ESQ					82 Street Addr			ress (P.O. Box Number is Not Acceptable)			
1300 CORAL WAY STE 301						83					
MIAMI FL 33145						84	City		FL	85 Zip	Code
11. Pursuant	to the provision	ons of Sections (17.0502 and 6	17.1508, Florida Statu	les, the a	pove pove	-named c	orporation submits this statement for the p oration's board of directors. I hereby accep		hanging i	ts registered
agent. I a	m familiar witi	n, and accept th	e obligations of	I, Section 617.0503, FI	lorida Stal	tutes	ine corpc i.	oration's board of directors. Thereby accep	и ине аррог	iitiiieiit as	registered
SIGNATURE .	Signature, bypadic	y printed name of regi	stored Book and title	(Langlicatile (NO	II - Banislara	d Ann	nt eignature re	equired when reinstating)	DATE		·
12.	olgitalare, typeo e		RS AND DIREC		13.	o rige	in algitatoro i	ADDITIONS/CHANGES TO OFFICE		DIRECTOR	3S IN 12
TITLE	PD			DELETE	1.1 Ti	TLE	T			Change	Addition
NAME	MCGEE,	GIGI			1.2 N	AME					
STREET ADDRESS				Í		1.3 STREET ADDRESS					ĺ
CITY-ST-ZIP	MIAMI FL					1.4 CITY- ST- ZIP					
TITLE	VD			DELETE		2.1 TITLE] Change	Addition
NAME	TOTAL DO LA O			2.2 N			İ				
STREET ADDRESS 8287 NW 7TH ST.				2.3 ST			ADDRESS	. 4			ļ
CITY-ST-ZIP							I-ZIP	<u> </u>		101	4400
TITLE	SD					3.1 TITLE 3.2 NAME			L.	Change	☐ Addition
NAME MILLER, AISHA STREET ADDRESS 8208 NW 8 ST											ļ
STREET ADDRESS	MIAMI FL		1				ADDRESS				-
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NAME					4.2 N		ļ		_	_ 0.10.180	
STREET ADDRESS							ADDRESS				
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TITLE	- -	·		DELETE	5.1 Ti		+	·		Change	Addition
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STREET ADDRESS	*				5.3 STREET ADDRESS		ADDRESS				-
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NAME	1				6.2 N	AME	1				
STREET ADDRESS					6.3 \$1	IREE1.	ADDRESS				
CITY-ST-ZIP 6.4 CI											
14. I do hereb	ov certify that	the information :	supplied with th	is filing does not quali	fy for the	exer	notion sta	ted in Section 119.07(3)(i) Florida Statutes	Lifurtheric	erlify that	the

Information Indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same tegal effect as if made under oath; that I am an officer or director of the corporation or the receiver or truetee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 13 if changed, or of an attachment with an address.