FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1996**	FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 761030 (6)

1. Corporation Name

GREGORIO REYES CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1500 S.W. 66 CT APT. #1 MIAMI FL 33144	1500 S.W. 66 CT APT. #1 MIAMI FL 33144

3. Date Incorporated or Qualified	3a. Date of Last Report
12/11/1981	04/26/1995

4. FEI Number	Applied For
59-2399157	Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25	Zip 29	Country 30

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐   **$5.00** May Be Added to Fees

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
JORGE L. FERNANDEZ 1500 S.W. 66 CT. APT #1 MIAMI FL 33144	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 _____

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	JORGE FERNANDEZ		1.2 NAME	
STREET ADDRESS	1500 SW 66 COURT #1		1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33144		1.4 CITY-ST-ZIP	
TITLE	STD	☐DELETE	2.1 TITLE	☐Change ☐Addition
NAME	CELIANO FERNANDEZ		2.2 NAME	
STREET ADDRESS	1500 SW 66 COURT #1		2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33144		2.4 CITY-ST-ZIP	
TITLE	VPD	☐DELETE	3.1 TITLE	☐Change ☐Addition
NAME	SEGUNDO ARDAVIN		3.2 NAME	
STREET ADDRESS	1500 SW 66 COURT #4		3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33144		3.4 CITY-ST-ZIP	
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 (12/95)

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 119.07(3)(k), 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 18 if changed, or on an attachment with an address.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-18-96 (305) 264-0722

Date   Daytime Phone #