FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State* -DIVISION OF CORPORATIONS

DOCUMENT # 761057

(9)

PRESTIGE HOMES AT INTERNATIONAL GARDENS CONDOMINIUM NO. 7-23 ASSOCIATION, INC.

Principal Place	of Business	Mailing Address			T 10041) tanta alibi stata abiat bini sakt atak alah alah alah alah alah alah alah al	
1205 S.W. 117 C	et.	1205 S.W. 117 CT.			Ì	
MIAMI FL 33184	•••	MIAMI FL 33184-2532				
					3. Date incorporated or Qualified 12/22/1981	3a. Date of Last Report 02/15/1996
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26			NOT APPLICABLE	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional
22		27		or obtained or claims booked	Fee Required	
City & State		City & State			6. Election Campaign Financing	\$5.00 May Be
23	Country	28 Zip		unha	Trust Fund Contribution	Added to Fees
Z'∌	Country	— ·	├ ──	untry	6. This corporation has liability for in Florida Statutes	ntangible tax under s. 199.032, Yes 🔀 No
24	9. Name and Address of Curre	29 29 Agent	30	1	10. Name and Address of New Reg	
• \	0, 110110 0110 01100			81 Name		
	CADMEN				Eliezer Perez	
LLERÊNA, CARMEN				82 Street Address (P.O. Box Number is Not Acceptable)		
1207 S.W- 117 CT. MIAMI FL 33184				83	03 5. 10. 11 7 9.	···········
MIAMI FL	. 33 164	_/	}			
			1	84 City N.	9 mi	FL 85 Zip Code 33/84
11 Purcuant t	to the provisions of Sections 617.05	02 and R17 1508 Plovika Stat	ites the s	above-named corr	Ovation submits this statement for the n	urnose of changing its registered
office or re	egistered agent, or both, in the State	e of Florida. Such change wa	s authorize	d by the corporat	poration submits this statement for the p lion's board of directors. I hereby accep	t the appointment as registered
	Called a	Jalions of, Section 617,0303,	FIORIDE STE	ilutes.	Opri	119/07
SIGNATURE	Signature, lyped or printed name progistered ag	en@nertille il applicable. (N	NE: Register	ed Agent signature requir	red when reinstating)	DATE
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12
TITLE	TD //	☐ OELETE	1.11	TITLE		Change Addition
NAME	LLERENA, CARMEN		1.21	NAME		
STREET ADDRESS	1205 S.W. 117 CT.		1.38	STREET ADORESS		
CITY - ST - ZIP	MIAMI, FL 00000		1.40	CITY-ST-ZIP)
TITLE	SD	DELETE	2.11	TITLE		Change Addition
NAME	Perez, eliezer		2.21	VAME		Į
STREET ADDRESS	1205 SW 117 CT		23	STREET ADDRESS		
CHY-ST-ZIP	MIAMI, FL 00000		2.4	CITY-ST-ZIP		
TITLE	PD	☐ DELETE	3.11	NTLE		Change
NAME	PEREZ, ZORAIDA		3.21	KAME		
STREET ADDRESS	1205 SW 117 CT		3.3 9	STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 00000			CITY-ST-ZIP		
TITLE		DELETE	4.11	TITLE		Change Addition
NAME			4.2	NAME		
STREET ADDRESS			1	STREET ADORESS		
CITY-ST-ZIP		D science		CITY-ST-ZIP		
TITLE		☐ DELETE		TITLE		☐ Change ☐ Addition
NAME				NAME		
STREET ADDRESS				STREET ADDRESS		
CITY-ST-ZIP		Drifte		CITY-ST-ZIP		Change Addition
TITLE		DELETE		TITLE		Change Addition
NAME				NAME		
STREET ADDRESS			•	STREET ADORESS		
CITY - ST - ZIP			6.4	CITY-ST-ZIP		

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 ampowered 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:

INATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICE POPULE CTOR

04/03/97 (3

(305)223-2892

FILED

Apr 30 1997 8:00am

Secretary of State