## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION **ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

POCUMENT #

762469

(5)

CENTR	IAL COMMERCIAL CONDO	MINIUM ASSOCIATION,	INC.		
Principal Place	e of Business	Mailing Address		i embisi comen meeste before medic britin and district	i miðir minir örfir Minir miðir 1861
2573 NW 74 AVENUE 2573 NW 74 AVEN MIAMI FL 33122 MIAMI FL 33122				3. Date Incorporated or Qualified	Applied For Not Applicable
2. Principal P	lace of Business	2a. Mailing Address			\$8.75 Additional
21		26		5. Certificate of Status Desired	Fee Required
		Suite, Apt. #, etc.		6. Election Campaign Financing	\$5.00 May Be
22		City & Ctoto		Trust Fund Contribution	Added to Fees
23		28		7. Is this nonprofit corporation a homeowners association?	
Zip	Country	Zip	Country	8. This corporation owes or has paid the	
24	25	<u>├</u> ─┐	30	Personal Property Tax due June 30.	Yes No
	9. Name and Address of Currer	nt Registered Agent		10. Name and Address of New Register	ed Agent
B1 Name					
PAYNE, MARGARET 82 Street				Address (P.O. Box Number is Not Acceptable)	·
2573 N.W. 74TH AVE.					
MIAMI FL 33122			83		
			<b>B4</b> City		85 Zip Code
December to the second of the control of the contro					L bs zip coos
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, typod or printed name of registured apent and title if applicable (NOTE: Registered Agent signature required when reinstating)  DATE  DATE					
12.		D DIRECTORS	Hegistered Agent signature	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	P	DELETE	1.1 TITLE	В	Change Addition
NAME	FORTELL, EDDYO	7.	1.2 NAME	GRAMATGES, ROBERTO	
STREET ADDRESS	2521 NW 74 AVE		1.3 STREET ADDRESS	2529 N.W. 74 Ave.	
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP	MIAMI, FLA. 33122	
TITLE	VP .	DELETE	2.1 TITLE	VP	Change X Addition
NAME	GRAMATGES, ROBERTO		2.2 NAME	MARTINS, ADELINO	
STREET ADDRESS	2529 NW 74 AVE		2.3 STREET ADDRESS	2557 N.W. 74 Ave.	
CITY-ST-ZIP	MIAMI FL		2. 4 CITY-ST-ZIP	MIAMI, FLA.	
TITLE	SD	☐ DELETE	3.1 TITLE		Change Addition
NAME	DELRIO PEREZ, LAURA		3.2 NAME		
STREET ADDRESS	2582 NW 74 AVENUE		3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	T or ore	3 4. CITY - ST - ZIP		TT 05
TITLE	TO	☐ DELETE	4.1 TITLE		Change Addition
NAME	PAYNE, MARGARET		4. 2 NAME		
STREET ADDRESS	2573 NW 74TH AVE.		4.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	DELETE	4.4 CITY-ST-ZIP		Change  Addition
TITLE	D ELIVE GITTO	POLOCETE	5.1 TITLE	D WEDLINGS WESTER	Charle Kindollou
NAME OTRECT ADDRESS	ELIAS, GUIDO		5.2 NAME	MIRANDA, NESTOR	
STREET ADDRESS	2561 NW 74 AVE		5.3 STREET ADDRESS	2533 N.W. 74 Ave.	
CITY-ST-ZIP	MIAMI FL	DELETE	5.4 CITY-ST-ZIP	MIAMI, FLA.	Change Addition
TITLE			6.1 TITLE		Circulate Circulate
NAME OTTOTAL ADDRESS			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		1

6.4 CITY-ST-ZIP 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 suppliemental 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 it changed, or on an attachypent with an address.

**FILED** 

Mar 18 1998 8:00am

Secretary of State