

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 15, 1999 8:00 am  
Secretary of State

04-15-1999 90104 013 \*\*\*\*61.25

DOCUMENT # 762469

1. Corporation Name

CENTRAL COMMERCIAL CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

2573 NW 74 AVENUE  
MIAMI FL 33122

Mailing Address

2573 NW 74 AVENUE  
MIAMI FL 33122



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

03/17/1982

4. FEI Number

59-2205863

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

Trust Fund Contribution

\$5.00 May Be  
Added to Fees

9. Name and Address of Current Registered Agent

PAYNE, MARGARET  
2573 N.W. 74TH AVE.  
MIAMI FL 33122

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	GRAMATEGES, ROBERTO	
STREET ADDRESS	2529 N.W. 74TH AVENUE	
CITY-ST-ZIP	MIAMI FL 33122	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	MARTINS, ADELINO	
STREET ADDRESS	2557 N.W. 74TH AVENUE	
CITY-ST-ZIP	MIAMI FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	DELRIO PEREZ, LAURA	
STREET ADDRESS	2582 NW 74 AVENUE	
CITY-ST-ZIP	MIAMI FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	PAYNE, MARGARET	
STREET ADDRESS	2573 NW 74TH AVE.	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MIRANDA, NESTOR	
STREET ADDRESS	2533 N.W. 74TH AVENUE	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input checked="" type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	MARTINS, ADELINO	
1.3 STREET ADDRESS	2557 N.W. 74th AVENUE	
1.4 CITY-ST-ZIP	MIAMI, FL 33122	
2.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	MIRANDA, NESTOR	
2.3 STREET ADDRESS	2533 N.W. 74th AVE.	
2.4 CITY-ST-ZIP	MIRMI? FLA. 33122	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	GRAMATEGES, ROBERTO	
4.3 STREET ADDRESS	2529 N.W. 74th AVE.	
4.4 CITY-ST-ZIP	MIAMI, FLA. 33122	
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	PAYNE, MARGARET	
5.3 STREET ADDRESS	2573 N.W. 74th AVE.	
5.4 CITY-ST-ZIP	MIAMI, FL. 33122	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 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, with all other like empowered.

SIGNATURE: *[Signature]* **NOT REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/12/99 (305) 594-9060

CR2E037 (11/98)