

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$195)**

**NONPROFIT
CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 JUL -3 AM 9:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 764608 (6)
1 Corporation Name
1385 CORAL WAY CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address
1385 CORAL WAY L#304 MIAMI FL 33145 **1385 CORAL WAY L#304 MIAMI FL 33145**

DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or QuiaMed 3a. Date of Last Report
08/18/1982 **04/21/1994**
4. FEI Number Applied For
59-2241413 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **FILING FEE IS \$61.25**
8. This corporation has liability for intangible tax under s. 199.019 Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**HERNADEZ, RAFAEL M.
1385 CORAL WAY STE 406
SUITE 406
MIAMI FL 33145**

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 of Registered Agent (must be signed and dated by the agent)

Signature of Registered Agent (must be signed and dated by the agent)

(Date)

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	HERNADEZ, RAFAEL M.
STREET ADDRESS	1385 CORAL WAY #304
CITY, ST., ZIP	MIAMI FL
TITLE	D
NAME	JORGE, PIREZ
STREET ADDRESS	1385 CORAL WAY #304
CITY, ST., ZIP	MIAMI FL
TITLE	D
NAME	EDDY, FRANCES
STREET ADDRESS	1385 CORAL WAY
CITY, ST., ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST., ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST., ZIP	

13. ADDITIONAL NAMES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST., ZIP	
15 TITLE	☐ Change ☐ Addition
16 NAME	
17 STREET ADDRESS	
18 CITY, ST., ZIP	
19 TITLE	☐ Change ☐ Addition
20 NAME	
21 STREET ADDRESS	
22 CITY, ST., ZIP	
23 TITLE	☐ Change ☐ Addition
24 NAME	
25 STREET ADDRESS	
26 CITY, ST., ZIP	
27 TITLE	☐ Change ☐ Addition
28 NAME	
29 STREET ADDRESS	
30 CITY, ST., ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(1)(b), Florida Statutes. I further certify that the information included on this annual report or supplemental annual report is true and accurate and that my registration 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.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF OFFICER OR DIRECTOR

6/22/95 305 854-3307