

ANNUAL REPORT
1995

Division of Corporations
Secretary of State

APPROVED
AND
FILED

95 MAY -1 PM 8:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # 765872 (7)
1. Corporation Name
9500 COMMERCIAL CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address
-9500 NW 77TH AVE- -9500 NW 77TH AVE-
-HIALEAH GRDNS FL 33010- - -HIALEAH GRDNS FL 33010-

3. Date Incorporated or Qualified 11/18/1982 3a. Date of Last Report 05/01/1994
4. FEI Number 59-2263266 Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 245 SE 1st St #430 26 245 SE 1st St
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 430 27 430
City & State City & State
23 Miami, Fl 28 Miami, Fl
Zip Country Zip Country
24 33131 25 Dade 29 33131 30 Dade

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 \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

g. Name and Address of Current Registered Agent
PESSIN, GREGG
1401 W FLAGLER ST STE 201
MIAMI FL 33135

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEREIX, LUIS	1.2 NAME	
STREET ADDRESS	9500 NW 77TH AVE	1.3 STREET ADDRESS	
CITY - ST - ZIP	HIALEAH GRDNS, FL 00000	1.4 CITY - ST - ZIP	
TITLE	TD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEMPT, MIKE	2.2 NAME	
STREET ADDRESS	9500 NW 77TH AVE	2.3 STREET ADDRESS	
CITY - ST - ZIP	HIALEAH GRDNS, FL 00000	2.4 CITY - ST - ZIP	
TITLE	SD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERNANDEZ, AUGUSTO	3.2 NAME	
STREET ADDRESS	9500 NW 77TH AVE	3.3 STREET ADDRESS	
CITY - ST - ZIP	HIALEAH GRDNS, FL 00000	3.4 CITY - ST - ZIP	
TITLE	VD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORELL, MIGUEL	4.2 NAME	
STREET ADDRESS	9500 NW 77TH AVE	4.3 STREET ADDRESS	
CITY - ST - ZIP	HIALEAH GRDNS, FL 00000	4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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 118.07(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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:  Miguel Morell 4/20/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #