

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 29 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra E. Morthoff</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 765872 (7)**

1. Corporation Name  
**9500 COMMERCIAL CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business <b>245 SE FIRST ST STE 430 MIAMI FL 33134 US</b>	Mailing Address <b>245 SE FIRST ST STE 430 MIAMI FL 33137 US</b>
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3. Date Incorporated or Qualified <b>11/18/1982</b>	4. FEI Number <b>59-2263266</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
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2. Principal Place of Business 21 <b>9500 NW 77 AVE</b>	2a. Mailing Address 26 <b>9500 NW 77 AVE</b>
Suite, Apt. #, etc. 22 <b>B 4</b>	Suite, Apt. #, etc. 27 <b>B-4</b>
City & State 23 <b>HIALEAH GARDENS</b>	City & State 28 <b>HIALEAH GARDENS</b>
Zip 24 <b>33016</b>	Country 25 <b>USA</b>
Zip 29 <b>33016</b>	Country 30 <b>USA</b>

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. 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 <b>THE W. SERVICES INC.</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>9500 N.W. 77 AVE - 571 B 4</b>
83 City <b>HIALEAH - FL.</b>
84 State <b>FL</b>
85 Zip Code <b>33016</b>

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: **WILFREDO PEREZ**  
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 <b>T-VP</b>	NAME <b>SEREIX, LUIS</b>	STREET ADDRESS <b>9500 NW 77TH AVE</b>	CITY-ST-ZIP <b>HIALEAH GRDNS, FL 00000</b>	<input type="checkbox"/> DELETE
TITLE <b>S</b>	NAME <del>XXXXXXXXXX</del>	STREET ADDRESS <del>XXXXXXXXXX</del>	CITY-ST-ZIP <del>XXXXXXXXXX</del>	<input type="checkbox"/> DELETE
TITLE <b>?</b>	NAME <b>HERNANDEZ, AUGUSTO</b>	STREET ADDRESS <b>9500 NW 77TH AVE</b>	CITY-ST-ZIP <b>HIALEAH GRDNS, FL 00000</b>	<input type="checkbox"/> DELETE
TITLE <b>VD</b>	NAME <b>MORELL, MIGUEL</b>	STREET ADDRESS <b>9500 NW 77TH AVE</b>	CITY-ST-ZIP <b>HIALEAH GRDNS, FL 00000</b>	<input type="checkbox"/> DELETE
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME <b>SEREIX LUIS</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.3 STREET ADDRESS <b>9500 N.W. 77 AVE</b>	1.4 CITY-ST-ZIP <b>HIALEAH GARDENS FL. 33016</b>	
2.1 TITLE	2.2 NAME <b>WILLIAMS, NEMA</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.3 STREET ADDRESS <b>9500 N.W. 77 AVE</b>	2.4 CITY-ST-ZIP <b>HIALEAH GARDENS FL. 33016</b>	
3.1 TITLE	3.2 NAME <b>HERNANDEZ AUGUSTO</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.3 STREET ADDRESS <b>9500 N.W. 77 AVE</b>	3.4 CITY-ST-ZIP <b>HIALEAH GARDENS FL. 33016</b>	
4.1 TITLE	4.2 NAME <b>MIGUEL MORELL</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.3 STREET ADDRESS <b>9500 NW 77 AVE</b>	4.4 CITY-ST-ZIP <b>HIALEAH GARDENS FL. 33016</b>	
5.1 TITLE	5.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	
6.1 TITLE	6.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.

SIGNATURE: **[Signature]**

CR2E037 (10/97)