**FILED** 

Feb 22, 1999 8:00 am Secretary of State

02-22-1999 90058 001 \*\*\*\*61.25

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## **DOCUMENT # 765872**

1. Corporation Name

9500 COMMERCIAL CONDOMINIUM ASSOCIATION, INC.					94343 · 30058 · 1 3 *			
Principal Place of Business Mailing Address						1		
9500 NW 77 AVE 9500 NW 77 AVE						1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
B4 B4 HIALEAH GARDENS FL 33016 HIALEAH GARDEN US US			3 FL 33016					
2. Principal Place of Business 2a. Mailing Address			· ·			3. Date Incorporated or Qualifed	<u> ئەشەت چوننىپ</u> ە	
26   Suite, Apt. #, etc.   Suite, Apt. #, etc.						4. FEI Number	Apr	plied For
						59-2263266	No	t Applicable
City & Stat	City & State	te			5. Certificate of Status Desired	\$8.75 A	dditional	
23		28				5. Certificate of Status Desired	Fee Rec	quired
Zip	Country	Zip	Zip Country			6. Election Campaign Financing	\$5.00	May Be
24					_	Trust Fund Contribution	Added to	o Fees
	9. Name and Address of Curre	nt Registered Agent				10. Name and Address of New Registered	i Agent	
			]8	31 N	ame			
THE, W S INC				32 S	treet Addre	ess (P.O. Box Number is Not Acceptable)		
9500 NW 77 AVE STE B4			L					
HIALEAH GARDENS FL 33016			8	33				
			ε	34 C	ity		85 Zip C	ode
						The state was for the purpose of	of changing its	registered
office or r	renistered anent of both in the State	i of Florida. Such change was au	monzea i	ay une	corporation	pration submits this statement for the purpose on's board of directors. I hereby accept the appli-	ointment as rec	jistered
agent. I a	am familiar with, and accept the oblig	ations of, Section 617.0503, Flor	rida Statut	es.		, ,		
SIGNATURE	Signature, typed or printed name of registered age	and the dispellent (NOTE:	Penietared A	neat sign	ature required	when reinstating) DATE		<u> </u>
12.		ND DIRECTORS	13.	90.11 0.91		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12
TITLE	VPT	DELETE	1.1 11111	E			☐ Change	☐ Addition
NAME	SEREIX, LUIS		1.2 NAM	Ė			•	1
STREET ADDRESS	OFFICE AND THE AND		1.3 \$TR	1.3 STREET ADDRESS				
CITY-ST-ZIP	HIALEAH GRDNS, FL 00000		1.4 CITY	1.4 CITY-ST-ZIP				
TITLE	T DELETE 25						☐ Change	☐ Addition
NAME	KEMP, WILLIAM			ΙE				}
STREET ADDRESS	OFFICE AND THE LANGE			2.3 STREET ADDRESS				
CITY-ST-ZIP	HIALEAH GRDNS, FL 00000			2, 4 CITY-ST-ZIP		·	·	
TITLE	PD DELETE			3.1 TITLE			☐ Change	☐ Addition
NAME	HERNANDEZ, AUGUSTO		3.2 NAM	3.2 NAME		,		Į.
STREET ADDRESS	OFFICE AND THE LAND		3.3 STR	EET ADO	ORESS	and the second	· <	
CITY-ST-ZIP	HIALEAH GRONS, FL 00000		3.4. CITY	Y-ST-ZI	Ρ		·	
TITLE	ST	☐ DELETE	4.1 TITL	E	_		Change	☐ Addition
NAME	MORELL, MIGUEL		4, 2 NAN	ИE	- 1		•	
STREET ADDRESS	9500 NW 77TH AVE		4.3 STRI	EET AD(	DRESS			
CITY-ST-ZIP	HIALEAH GRDNS, FL 00000		4.4 CITY	/-ST-ZIF	<u> </u>		<u> </u>	
TITLE	×-	☐ DELETE	5.1 TITL		1		☐ Change	Addition
NAME			5.2 NAM				•	
STREET ADDRESS	S .		5.3 STR					
CITY-ST-ZIP			5.4 CITY		<u> </u>			<b>□ 6</b> 3 3 3 3 5 5 5 5
TITLE		☐ DEFELE	6.1 TITU		1		Change	☐ Addition
NAME			6.2 NAM					
STREET ADDRESS	6		6.3 STR		- 1			l
	1		■ 0.4 CITY	/ OT 71				1

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: X

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR