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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # **766407** (1)

1. Corporation Name

IMPERIAL AT BRICKELL CONDOMINIUM ASSOCIATION, INC.

400001430854
-03/16/95--01003--001
****130.00 ****130.00
DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
1627 BRICKELL AVENUE MIAMI FL 33129	1627 BRICKELL AVENUE MIAMI FL 33129

3. Date Incorporated or Qualified: 01/05/1983
3a. Date of Last Report: 03/08/1994
4. FEI Number: 59-2252245 ☐ Applied For ☐ Not Applicable

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

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

9. Name and Address of Current Registered Agent

~~MORIS, ALBERT N~~
BECKER & POLIAKOFF, PA
6161 BLUE LAGOON DR., SUITE 250
MIAMI FL 33126

10. Name and Address of New Registered Agent

81 Name: Kallicke, Tony
82 Street Address (P.O. Box Number is Not Acceptable): ← Same.
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: Kallicke Tony KALLICKE, Becker + Poliakoff P.A. 3/8/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	GENTRY, SAM W., JR	1.2 NAME	
STREET ADDRESS	1627 BRICKELL AVENUE #2901	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33129	1.4 CITY-ST-ZIP	
TITLE	VSD	2.1 TITLE	☐ Change ☐ Addition
NAME	FURLAN, JOHANN	2.2 NAME	
STREET ADDRESS	1627 BRICKELL AVENUE #2206	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33129	2.4 CITY-ST-ZIP	
TITLE	TD	3.1 TITLE	☐ Change ☐ Addition
NAME	ALDANA, ADA	3.2 NAME	
STREET ADDRESS	1627 BRICKELL AVE #1804	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	
TITLE	VD	4.1 TITLE	☐ Change ☐ Addition
NAME	MAZER, FLORENCE	4.2 NAME	
STREET ADDRESS	1627 BRICKELL AVE #2104	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	
TITLE	VD	5.1 TITLE	☐ Change ☐ Addition
NAME	PERRY, PRISCILLA	5.2 NAME	
STREET ADDRESS	1627 BRICKELL AVE #1107	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

2/15
3-14

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 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] 1/24/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — [illegible]

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