

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997  
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # 768965 (6)

1. Corporation Name

S.W. MINI CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

707 NW 57TH AVENUE  
MIAMI FL 33126  
US

Mailing Address

707 NW 57TH AVENUE  
MIAMI FL 33126  
US

FILED  
Aug 18 1997 8:00am  
Secretary of State



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 06/06/1983 3a. Date of Last Report 07/03/1996

4. FEI Number 59-2487466 Applied For 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. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

8. Name and Address of Current Registered Agent

WOLFSON, BERNARD  
2855 LE JEUNE ROAD PH-1  
CORAL GABLES FL 33134

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, 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   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | HERNANDEZ, MAURO   | 1.2 NAME  |   |
| STREET ADDRESS             | 707 N.W. 57TH AVE. | 1.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | MIAMI FL           | 1.4 CITY-ST-ZIP                                       |   |
| TITLE                      | VD                 | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | BIGELMAN, ISRAEL   | 2.2 NAME  |   |
| STREET ADDRESS             | 707 N.W. 57TH AVE. | 2.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | MIAMI FL           | 2.4 CITY-ST-ZIP                                       |   |
| TITLE                      | STD                | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | HERNANDEZ, RODOLFO | 3.2 NAME  |   |
| STREET ADDRESS             | 707 N.W. 57TH AVE  | 3.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | MIAMI FL           | 3.4 CITY-ST-ZIP                                       |   |
| TITLE                      |                    | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                    | 4.2 NAME  |   |
| STREET ADDRESS             |                    | 4.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                    | 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 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 REQUIRED

CR2E037 (4/97)