

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Hargis  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 769462

1. Corporation Name

LETOGA INDUSTRIAL CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

~~8766 SW 133 STREET~~  
MIAMI FL 33176

8762 SW 133 Street  
Miami, FL 33176

Mailing Address

~~8766 SW 133 STREET~~  
MIAMI FL 33176

8762 SW 133 Street  
Miami, FL 33176

2. Principal Place of Business

21 8762 SW. 133 St

Suite, Apt. #, etc.

22 City & State

23 MIAMI

24 Zip 33176 25 Country USA

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 33176 29 Country USA

3. Date Incorporated or Qualified

07/19/1983

4. FEI Number

59-2372710

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

9. Name and Address of Current Registered Agent

PREVIT, PETER  
10511 N KENDALL DR. STE C205  
MIAMI FL 33176

MIRIAM ZADOK  
8762 SW. 133 St  
Miami FL 33176

10. Name and Address of New Registered Agent

81 Name Miriam Zadok  
82 Street Address (P.O. Box Number is Not Acceptable)  
83 8762 SW. 133 Street  
84 City Miami FL 85 Zip Code 33176

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

Nov. 17. 99.

12. OFFICERS AND DIRECTORS

TITLE DS  
NAME WONG, PETER WOODSON  
STREET ADDRESS 10504 SW 114 CT  
CITY-ST-ZIP MIAMI FL

TITLE PD  
NAME ZADOK, MIRIAM  
STREET ADDRESS 8762 SW 133 STREET  
CITY-ST-ZIP MIAMI FL

TITLE VPD  
NAME ZADOK, DROR  
STREET ADDRESS 8762 SW 133RD STREET  
CITY-ST-ZIP MIAMI FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

10-28-99

FILED

99 NOV 29 PM 2:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



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