

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 769653 (7)
1. Corporation Name
SEVILLA TERRACE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address
1034/1090 W. 79TH STREET P.O. BOX 559063
HIALEAH FL 33014 MIAMI FL 33255
US

3. Date Incorporated or Qualified 08/02/1983 3a. Date of Last Report 11/13/1995
4. FEI Number 59-2400694 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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name Luis E. Vazquez
82 Street Address (P.O. Box Number is Not Acceptable) 1072 West 79 Street
83
84 City Hialeah FL 85 Zip Code 33014

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: *Luis E. Vazquez* DATE: 4-25-96
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VT <input type="checkbox"/> DELETE	1.1 TITLE	P D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VALDES, PEDRO	1.2 NAME	FERNANDO CONCEPCION
STREET ADDRESS	1032 W 79TH ST	1.3 STREET ADDRESS	1060 West 79 St.
CITY-ST-ZIP	HIALEAH FL	1.4 CITY-ST-ZIP	Hialeah FL 33014
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	v.P. Gracy Duharte <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VALDES, SERGIO	2.2 NAME	GRACY DUHARTE
STREET ADDRESS	11320 NW 17TH COURT	2.3 STREET ADDRESS	1078 West 79 St.
CITY-ST-ZIP	MIAMI FL 33015	2.4 CITY-ST-ZIP	Hialeah FL 33014
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	s d <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAGRAN, RAQUEL	3.2 NAME	LUIS E. VAZQUEZ
STREET ADDRESS	1052 WEST 79TH STREET	3.3 STREET ADDRESS	1072 West 79 St
CITY-ST-ZIP	MIAMI FL 33014	3.4 CITY-ST-ZIP	Hialeah, FL 33014
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	T <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	SANTIAGO VALDEZ
STREET ADDRESS		4.3 STREET ADDRESS	1048 West 79 Street
CITY-ST-ZIP		4.4 CITY-ST-ZIP	HIALEAH, FL 33014
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	V.P. <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	Eli Mejia
STREET ADDRESS		5.3 STREET ADDRESS	1042 West 79 Street
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Hialeah, FL 33014
TITLE	<input type="checkbox"/> DELETE	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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Luis E. Vazquez* DATE: 4-25-96 DAYTIME PHONE: 566-8084
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)