FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

95 MAY 23 AM 9:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 769808 (7)

1. Corporation Name

PASIPINO ISLE CONDOMINIUM ASSOCIATION, INC.

800001466958

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
~~10108 N.W. 90TH AVENUE~~ ~~HIALEAH GARDENS FL 33016~~	~~10108 N.W. 90TH AVENUE~~ ~~HIALEAH GARDENS FL 33016~~

3. Date Incorporated or Qualified: 07/29/1983
3a. Date of Last Report: 02/21/1994
4. FEI Number: 65-0467471 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 180 Arvida Parkway	26 180 Arvida Parkway
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Coral Gables, FL 33156	City & State 28 Coral Gables, FL 33156
Zip / Country 24 / 25	Zip / Country 29 / 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	10. Name and Address of New Registered Agent
MARTINEZ-CID, RICARDO P.A. 1699 CORAL WAY SUITE 510 MIAMI FL 33145	81 Name: Joseph Kurstin, M.D. 82 Street Address (P.O. Box Number is Not Acceptable): 180 Arvida Parkway 83 84 City: Coral Gables FL 85 Zip Code: 33156

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: Joseph Kurstin MD — 4/26/95
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~~	11 TITLE	D/P/S	☒ Change ☒ Addition
NAME	~~SMILOWITZ, MANUEL~~	12 NAME	Joseph Kurstin, M.D.	
STREET ADDRESS	~~3300 N.E. 192 STREET, #801~~	13 STREET ADDRESS	180 Arvida Parkway	
CITY-ST-ZIP	~~NORTH MIAMI BEACH FL~~	14 CITY-ST-ZIP	Coral Gables, FL 33156	
TITLE	~~DVPT~~	21 TITLE	D	☒ Change ☒ Addition
NAME	~~SMILOWITZ, ELENA~~	22 NAME	Elena Kurstin	
STREET ADDRESS	~~17000 S.W. 60 COURT~~	23 STREET ADDRESS	180 Arvida Parkway	
CITY-ST-ZIP	~~FORT LAUDERDALE FL~~	24 CITY-ST-ZIP	Coral Gables, FL 33156	
TITLE	~~S~~	31 TITLE	D	☒ Change ☒ Addition
NAME	~~SMILOWITZ, ELENA~~	32 NAME	Jodie Ostrovsky	
STREET ADDRESS	~~17000 S.W. 60 COURT~~	33 STREET ADDRESS	4515 Banyan Lane	
CITY-ST-ZIP	~~FORT LAUDERDALE FL~~	34 CITY-ST-ZIP	Miami, FL 33137	
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS	T.S. 5/23/95	
CITY-ST-ZIP		64 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 attached sheet, with an address.

SIGNATURE: Joseph Kurstin MD — 4/26/95 — (305)461-2400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Joseph Kurstin, M.D., president

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