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 -1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 770972 (8)

1. Corporation Name

VILLANUEVA CONDOMINIUM ASSOCIATION OF MIAMI, INC

Principal Place of Business	Mailing Address
4505 NW 156 ST. MIAMI FL 33054	4505 NW 156 ST. MIAMI FL 33054

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
10/27/1983	04/29/1994

4. FEI Number: 26-3562673 ☐ 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

RIOS, RAYMOND M.
15600 N.W. 45TH AVENUE
OPA LOCKA FL 33054

SIGNATURE

10. Name and Address of New Registered Agent

81 Name: RAYMOND RIOS

82 Street Address (P.O. Box Number is Not Acceptable): 15600 N.W. 45 AVE

83

84 City: OPA-LOCKA FL 85 Zip Code: 33054

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: Raymond Rios

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	☐ Change ☐ Addition
NAME	VILLANUEVA, ROBERTO	12 NAME	
STREET ADDRESS	280 W. 57TH ST.	13 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL	14 CITY-ST-ZIP	
TITLE	STD	21 TITLE	☐ Change ☐ Addition
NAME	CASTILLO, BLANCA	22 NAME	
STREET ADDRESS	280 W. 57TH ST.	23 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	VILLANUEVA, HAYDEE	32 NAME	
STREET ADDRESS	280 W. 57TH ST.	33 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	MORALES, EMILIO	42 NAME	MORALES EMILIO
STREET ADDRESS	4505 N.W. 156TH ST.	43 STREET ADDRESS	4505 N.W. 156 ST
CITY-ST-ZIP	OPA LOCKA FL	44 CITY-ST-ZIP	OPA LOCKA FL
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	RIOS, RAYMOND	52 NAME	
STREET ADDRESS	15600 N.W. 45TH AVE.	53 STREET ADDRESS	
CITY-ST-ZIP	OPA LOCKA FL	54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
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)(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] 5-5-95 305 (625-3167)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #