

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

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**95 APR 26 AM 11:15**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**DOCUMENT # 771290 (4)**

**1. Corporation Name  
CARTEL AT THE CALIFORNIA CLUB CONDOMINIUM "10" ASSOCIATION, INC.**

**Principal Place of Business Mailing Address  
8299 CORAL WAY MIAMI FL 33155 8299 CORAL WAY MIAMI FL 33155**

**DO NOT WRITE IN THIS SPACE**

3. Date Incorporated or Qualified <b>11/15/1983</b>	3a. Date of Last Report <b>04/29/1994</b>
4. FEI Number <b>-59-2431857 59-2378232</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	<b>\$68.75</b> Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 <b>910 S.W. 1st</b>	2a. Mailing Address 26 <b>910 S.W. 1st</b>
22 Suite, Apt. #, etc. <b>2901 Simms St.</b>	27 Suite, Apt. #, etc. <b>2901 Simms St.</b>
23 City & State <b>Hollywood, FL</b>	28 City & State <b>Hollywood, FL</b>
24 Zip <b>33020</b>	25 Country <b>USA</b>
29 Zip <b>33020</b>	30 Country <b>USA</b>

**9. Name and Address of Current Registered Agent  
PORTUENGO, JULIO GONZALEZ  
8299 CORAL WAY  
MIAMI FL 33155**

**10. Name and Address of New Registered Agent**

81 Name <b>Andrew Keybowitz</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>910 S.W. 1st</b>
83 City <b>2901 Simms St.</b>
84 City <b>Hollywood</b>
85 State <b>FL</b>
86 Zip Code <b>33020</b>

11. Pursuant to the provisions of Sections 607.0502 and 607.1505, 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 *[Signature]* DATE **4/21/95**

**12. OFFICERS AND DIRECTORS**

TITLE <b>PD</b>	NAME <b>GOLEN, KAREN</b>
STREET ADDRESS <b>801 NE 199 ST #203</b>	
CITY - ST - ZIP <b>MIAMI FL</b>	
TITLE <b>VD</b>	NAME <b>TREANOR, BEATRICE</b>
STREET ADDRESS <b>210 NE 212 ST</b>	
CITY - ST - ZIP <b>MIAMI FL</b>	
TITLE <b>STD</b>	NAME <b>DESGH, BARBARA -</b>
STREET ADDRESS <b>801 NE 199TH STREET #102 -</b>	
CITY - ST - ZIP <b>MIAMI FL -</b>	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>STD ELEANOR MONES</b>
3.3 STREET ADDRESS	<b>801 NE 199TH STREET #202</b>
3.4 CITY - ST - ZIP	<b>MIAMI FL</b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 110.07(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: *[Signature]* DATE: **4/17/95** PHONE NUMBER: **(305) 653-0343**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **Karen Golen**