## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K89048

1998

(8)

PACIFIC CONDOS, INC.

## FILED Apr 23 1998 8:00am Secretary of State



Princial Place of Beines MANT. CORP 18 4 18 Fire RE. MANT.				*	etalt aratt aratt åtkit q1511 21211 1851		
2490 CORAL		2490 CORAL WAY		24.			
#403 MIAMI FL 33145 US		#403 Miami FL 33145			DO NOT WRITE IN THIS SPACE		
		US		3. Date Incorporated or Qualified			
					05/15/1989		
	tace of Business	2a. Mailing Address			4. FEI Number	Applied For	
Suite Act # ale		Stille And # etc		65-0198556	Not Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State		City & State		e Floation Compoler Financing			
23					Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country	Z <sub>1</sub> p Countr			8. This corporation owes or has paid		
24	25	29	30		Personal Property Tax due June 3	<b>–</b> – – – – – – – – – – – – – – – – – –	
	9. Name and Address of Curren				10. Name and Address of New Regi	stered Agent	
	J <b>raj,</b> Wald, Biondo, & Moren	O PA	81	Name			
900 INGRAHAM BLDG.				Street Add	el Address (P.O. Box Number is Not Acceptable)		
	SE 2ND AVE						
MI	AMI FL 33131		83				
			84	City		FL 85 Zip Code	
11 Purcuant	to the provisions of Sections 607.050	2 and 607 1508 Florida Statut	os the above	a-named corr	poration submits this statement for the pur	<u> </u>	
office or r	egistered agent, or both, in the State im familiar with, and accept the obligation	of Florida. Such change was a	authorized by	the corpora	poration submits this statement for the pur tion's board of directors. I hereby accept	the appointment as registered	
1	in <b>la</b> milar with, and accept the obliga	nions or, section our osos, Fig	iroa Sialule:	S.			
SIGNATURE	Signature, typed or printed name of registered age	or and title if applicable (NOTe	Registered Age	n' signature requi	ired when reinstating)	DATE	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICE		
TITLE	PD	☐ DELETE	1.1 TITLE	1		Change Addition	
NAME	ISAIAS, ROBERTO		1.2 NAME		. 0.	· >. · ·	
STREET ADDRESS	10 NW LEJEUNE RD		1.3 STREET	ADDRESS 2	SOO PONCE DE LEGAL GABLES, FL.	o owe.	
CITY-ST-ZIP	MIAMI FL VDT		1.4 CITY - S	T-21P C	-ORAL GABLES, FL.	Change Addition	
TITLE	ISAIAS, WILLIAM	DELETE	21 TITLE				
NAME	10 NW LEJEUNE RD		2.2 NAME		800 PONCE DE LEON	BWB.	
STREET ADDRESS	MIAMI FL		2.3 STREET	1.4	LOPAL GABLES, FL.		
CITY-ST-ZIP TITLE	VDS	DELETE	2. 4 CITY - 5 3.1 TITLE	S1-ZIP	TOPAL GROUES, FG	Change Addition	
NAME	ISAIAS, ESTEFANO	better	3.7 TITLE		^	· · · · ·	
STREET ADDRESS	10 NW LEJEUNE RD		3.2 NAME 3.3 STREE1	ADDRESS 2	.800 Pouce De Leon	BMD.	
	MIAMI FL		3.4. CITY - 5	T JID C	LORAL GABLES, FL.		
CITY-ST-ZIP TITLE	are the	☐ DELETE	4.1 TITLE			Change Addition	
NAME			4 2 NAME		CHULTHE IS THEODO	RE	
STREET ADDRESS			4.3 STREET	ADDRESS A	CHULTHE IS, THEODO	403	
CITY-ST-ZIP			4.4 CITY - S		MIAMI, FL	1	
TITLE		DELETE	5.1 TITLE			Change Addition	
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET	ADDRESS			
CITY+ST-ZIP			5.4 CITY - S	í			
TITLE		☐ DELETE	6.1 TITLE			Change Addition	
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET	ADDRESS		(	
CITY-ST-ZIP			64 CITY-S	T - ZIP			

14. 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

THOROUGH SCHULTH

4/14/52 395-855-581