20		OT-FOR-PRIENDED AN				Ņ		ŕľ	ED			
		# N0100000	0351	·	SE SE			04 NOV 17	7 PM :	2: 46		
1. Entity Name EL PUEBLO DE VERA, CONDOMINIUM ASSOCIATION, INC.							SECRETARY OF STATE TALLAHASSEE FLORIDA					
Principal Place of Business 2500W 78TH STREET BAY 4 HIALEAH, FL 33016			P0 E	Mailing Address PO BOX 160718 HIALEAH, FL 33016			1 C 11/17/	100428 70401930	328: 009	921 **61	.25	
2. Principal Place of Business 15 AUE P. O. BOL					2150							
Suite, Apt. #, etc.				Suite, Apt. #, etc.			11122004	Chg-NP	CR2E03	7 (10/03)		
City, & State			th A	N& State			4. FEI Number 65-10798	64		<u> </u>	plied For ot Applicable	
FZip		33016	H) 	Country 3301	ب	5. Certificate of		ם ר	8.75 Add ee Require		
	6. Name	and Address of Curren	it Registere	ed Agent	None		7. Name and Ac	Idress of New Re	gistered A	gent		
FLORIDA PROPERTY MANAGEMENT GROUP CORP 2500W 78TH STREET					Street	orida et Address (P.O. Box Number is	ty Mana s Net Aggentable)	agemen	t Grou	6 Cort	
BAY 4 HIALEAH, FL 33016					\$	site	#4	,				
1 ciryt, Ale							als		FL	Zip Code	طاٿ	
8. The above	named entit	y submits this statement	for the purp	ose of changing its	registered offic	e or register	ed agent, or both,	in the State of Flor	ida. I am fa			
8. The above the obligate SIGNATURE	ions of regist Octav	do Ferro	0	hlands	Ferra		() We	in the State of Flor	ida. I am fa 2004	amiliar with,		
the obligat	ions of regist Octav	y submits this statement of lered agent. Lo Ferro or printed name of registered ager	0	hlands	registered offic		ed agent, or both,	in the State of Flor	1	amiliar with,		
the obligat	Orlan Signature, typed	do Ferro	0	hlands	Registered Agent si	gnature require	() We	\\ /(\ /	2004 DATE	amiliar with,	and accept	
the obligat	Octown Signature, typed	do Ferro or printed name of registered ager	nt and title if app	Mulcable. (NOTE	Registered Agent si	gnature require	when reinstating) \$5.00 May Be	\\ /(\ /	2004 DATE Ike check da Departi	payable to	and accept	
SIGNATURE	O A A Signature, typed Amended	Lored agent. Lorenza e e e e e e e e e e e e e e e e e e e	nt and title if app	Mulcable. (NOTE	Registered Agent sinpaign Financin ontribution.	gnature require	\$5.00 May Be Added to Fees	Ma Florio GES TO OFFICER	2004 DATE Ike check da Departs	payable to	and accept	
SIGNATURE 10. TITLE NAME	Signature, typed Armended PD FERNANI	or printed name of registered ager AR is \$61.25 OFFICERS AND D DEZ, MALKEL	nt and title if app	9. Election Carr Trust Fund C	Registered Agent singular Financin ontribution. 11. TITLE NAME	gnature required	\$5.00 May Be Added to Fees ADDITIONS/CHAN	Ma Floric GES TO OFFICER	DATE Like check da Departs S AND DIR	payable to	and accept D tate	
SIGNATURE	Signature, typed Armended PD FERNANI 2500 W. 7	or printed name of registered ager AR is \$61.25 OFFICERS AND D DEZ, MALKEL	nt and title if app	9. Election Carr Trust Fund C	Registered Agent sinpaign Financin ontribution.	gnature require	\$5.00 May Be Added to Fees ADDITIONS/CHAN	Ma Floric GES TO OFFICER Jonzalez Freet # 10	DATE Like check da Departs S AND DIR	payable to	and accept D tate	
SIGNATURE 10. TITLE NAME STREET ADDRESS	Signature, typed Armended PD FERNANI 2500 W. 7	do Ferro or printed name of registered ager AR is \$61.25 OFFICERS AND D DEZ, MALKEL 78 ST. #4	nt and title if app	9. Election Carr Trust Fund C	Registered Agent singular Financin ontribution. 11. TITLE NAME STREET ADDRE	grature required by OS. SS 5701 Halve	\$5.00 May Be Added to Fees ADDITIONS/CHAN	Ma Floric GES TO OFFICER Jonzalez Freet # 10	2004 DATE Ike check da Departs S AND DIR	payable to ment of St	and accept Detate 10 Addition	
SIGNATURE 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Armended PD FERNANI 2500 W. 7 HIALEAH	or printed name of registered ager AR is \$61.25 OFFICERS AND D DEZ, MALKEL 8 ST. #4 , FL 33016	nt and title if app	9. Election Carr Trust Fund C	Registered Agent sinpaign Financin ontribution. 11. TITLE NAME STREET ADDRE CITY-ST-ZIP	gnature required by SS 5701 Hall	\$5.00 May Be Added to Fees ADDITIONS/CHAN Elis J. (W 7946 S EGH PL 3	Ma Floric GES TO OFFICER GONZALEZ- Freet # 19	2004 DATE Ike check da Departs S AND DIR	payable to	and accept D tate	
SIGNATURE 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	PD FERNANI 2500 W. 7 HIALEAH VPD ARRASTI. 2500 W. 7	or printed name of registered ager AR is \$61.25 OFFICERS AND D DEZ, MALKEL 8 ST. #4 , FL 33016 A, RAUL 8 ST. #4	nt and title if app	9. Election Carr Trust Fund C	Registered Agent singular Financing ontribution. 11. TITLE NAME STREET ADDRE CITY-ST-ZIP TITLE NAME STREET ADDRE STREET ADDRE	gnature required by SSS 5701 Hale WPD Mar SSS 5766	\$5.00 May Be Added to Fees ADDITIONS/CHAN elis J. (w 7945 S ah PL 3	Ma Floric GES TO OFFICER Jonzalez Freet # 10 3016 aldez Street #	2004 DATE Ike check da Departs S AND DIR	payable to ment of St	and accept Detate 10 Addition	
SIGNATURE 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Arnended PD FERNANI 2500 W. 7 HIALEAH VPD ARRASTI 2500 W. 7 HIALEAH	or printed name of registered ager AR is \$61.25 OFFICERS AND D DEZ, MALKEL 8 ST. #4 , FL 33016 A, RAUL	nt and title if app	9. Election Carr Trust Fund C	Registered Agent si inpaign Financin ontribution. 11. TITLE NAME STREET ADDRE CITY-ST-ZIP TITLE NAME STREET ADDRE CITY-ST-ZIP	gnature required PD Y 0 S 5701 Hak VPD Mar 5769 High	\$5.00 May Be Added to Fees ADDITIONS/CHAN Elis J. (W 7946 S EGH PL 3	Ma Floric GES TO OFFICER Jonzalez Freet # 10 3016 aldez Street #	2004 DATE Ike check da Departs S AND DIR	payable to ment of St	and accept betate 10 Addition	
SIGNATURE 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	PD FERNANI 2500 W. 7 HIALEAH TD	or printed name of registered agent AR is \$61.25 OFFICERS AND D DEZ, MALKEL 8 ST. #4 , FL 33016 A, RAUL 8 ST. #4 , FL 33016	nt and title if app	9. Election Carr Trust Fund C	Registered Agent simple agent paign Financin ontribution. 11. TITLE NAME STREET ADDRE CITY-ST-ZIP TITLE NAME STREET ADDRE CITY-ST-ZIP TITLE TITLE	grature required by the second of the second	\$5.00 May Be Added to Fees ADDITIONS/CHAN elis J. (W 7946 S and PL 3 ibel S. Va 5 W. 79946 and Fi. 3	Ma Floric GES TO OFFICER GONZALEZ- Freet # 15 3016 aldez- astreet # 83016	2004 DATE Ike check da Departi	payable to ment of St	and accept Detate 10 Addition	
SIGNATURE 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Arnended PD FERNANI 2500 W. 7 HIALEAH VPD ARRASTI 2500 W. 7 HIALEAH	or printed name of registered agent AR is \$61.25 OFFICERS AND D DEZ, MALKEL 8 ST. #4 , FL 33016 A, RAUL 8 ST. #4 ,FL 33016	nt and title if app	9. Election Carr Trust Fund C	Registered Agent simpaign Financin ontribution. 11. TITLE NAME STREET ADDRE CITY-ST-ZIP TITLE NAME STREET ADDRE CITY-ST-ZIP TITLE NAME NAME	grature required by the second of the second	\$5.00 May Be Added to Fees ADDITIONS/CHAN elis J. (W 7946 S and PL 3 ibel S. Va 5 W. 79946 and Fi. 3	Ma Floric GES TO OFFICER GONZALEZ- Freet # 15 3016 aldez- astreet # 83016	2004 DATE Ike check da Departi	payable to ment of St ECTORS IN Change	and accept betate 10 Addition	
SIGNATURE 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TITLE NAME	PD FERNANI 2500 W. 7 HIALEAH TD IBARRA, 2500 W. 7 2500 W. 7	or printed name of registered agent AR is \$61.25 OFFICERS AND D DEZ, MALKEL 8 ST. #4 , FL 33016 A, RAUL 8 ST. #4 ,FL 33016	nt and title if app	9. Election Carr Trust Fund C	Registered Agent simple agent paign Financin ontribution. 11. TITLE NAME STREET ADDRE CITY-ST-ZIP TITLE NAME STREET ADDRE CITY-ST-ZIP TITLE TITLE	gnature returns gnature returns PD Y 0 S 5701 Hale WPD Mar TD Hari SS 5765 5765	\$5.00 May Be Added to Fees ADDITIONS/CHAN elis J. (W 7845 S ab Pt 3 i bel 5. V 5 W. 7944 eah Pt. 3 a E. Hez w. 7847	Ma Floric GESTO OFFICER Jonzalez Freet # 10 33016 aldez 53016 Street #	2004 DATE Ike check da Departi	payable to ment of St ECTORS IN Change	and accept betate 10 Addition	
SIGNATURE 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Arnended PD FERNANI 2500 W. 7 HIALEAH VPD ARRASTI 2500 W. 7 HIALEAH TD IBARRA, 2500 W. 7 HIALEAH SD	or printed name of registered agent AR is \$61.25 OFFICERS AND D DEZ, MALKEL 78 ST. #4 7FL 33016 A, RAUL 78 ST. #4 7FL 33016 JOSE 78 ST. #4 7FL 33016	nt and title if app	9. Election Carr Trust Fund C	Registered Agent simple property of the proper	PD YOS. 5701 Hale WPD Mar 5765 Hale TD Mari 5765 Hale Hali Hari	St.00 May Be Added to Fees ADDITIONS/CHAN Elis J. (W 7845 S	Ma Floric GESTO OFFICER Jonzalez Freet # 10 33016 Gldez Street # 33016	2004 DATE Ike check da Departs S AND DIR	payable to ment of St ECTORS IN Change	and accept betate 10 Addition	
SIGNATURE 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Amended PD FERNANI 2500 W. 7 HIALEAH VPD ARRASTI 2500 W. 7 HIALEAH TD IBARRA, 2500 W. 7 HIALEAH SD MESEREI	or printed name of registered agent AR is \$61.25 OFFICERS AND D DEZ, MALKEL 18 ST. #4 1, FL 33016 A, RAUL 18 ST. #4 1, FL 33016 JOSE 18 ST. #4 1, FL 33016 JOSE 18 ST. #4 1, FL 33016	nt and title if app	9. Election Cam Trust Fund C	Registered Agent simpaign Financin ontribution. 11. TITLE NAME STREET ADDRE CITY-ST-ZIP	gnature returns PD Y 0 S 5701 Hale VPD Mar SS 5765 Hale 50 Day 10 Day	*5.00 May Be Added to Fees ADDITIONS/CHAN ELIS J. (W. 7845) TO BE S. W. 7846 TO BE S. W. 78	Ma Floric GESTO OFFICER Jonzalez Freet # 10 33016 aldez Street # 33016	2004 DATE Ike check da Departs S AND DIR	payable to ment of St ECTORS IN Change	and accept tate 10 Addition	
SIGNATURE 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	PD FERNANI 2500 W. 7 HIALEAH TD IBARRA, 2500 W. 7 HIALEAH SD MESEREI 2500 W. 7	or printed name of registered agent AR is \$61.25 OFFICERS AND D DEZ, MALKEL 8 ST. #4 , FL 33016 A, RAUL 8 ST. #4 , FL 33016 JOSE 8 ST. #4 , FL 33016 NE, RICARDO 8 ST. #4	nt and title if app	9. Election Cam Trust Fund C	Registered Agent simple paign Financin ontribution. 11. TITLE NAME STREET ADDRE CITY-ST-ZIP TITLE NAME STREET ADDRE STREET ADDRE STREET ADDRE	PD YOS 5701 Hale WPD Mar 5765 Hale SS 5765 Hale SS 5765 Hale SD Raul SS 5826	\$5.00 May Be Added to Fees ADDITIONS/CHAN ELIS J. (Wash 52 W. 79th 52 W. 79th 62 W. 79th	Ma Floric GES TO OFFICER JONZALEZ- Freet # 10 33016 aldez- n Street # 33016 ASTICA MST	2004 DATE Ike check da Departs S AND DIR	payable to ment of St ECTORS IN Change	and accept tate 10 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FERNANI 2500 W. 7 HIALEAH TD IBARRA, 2500 W. 7 HIALEAH SD MESEREI 2500 W. 7	or printed name of registered agent AR is \$61.25 OFFICERS AND D DEZ, MALKEL 18 ST. #4 1, FL 33016 A, RAUL 18 ST. #4 1, FL 33016 JOSE 18 ST. #4 1, FL 33016 JOSE 18 ST. #4 1, FL 33016	nt and title if app	9. Election Cam Trust Fund C	Registered Agent simpaign Financin ontribution. 11. TITLE NAME STREET ADDRE CITY-ST-ZIP	gnature reduced by os. 5701 PD SS 5701 WPD Mar 5765 High TD Hari SD Raul SS 5825 High SS 5825	\$5.00 May Be Added to Fees ADDITIONS/CHAN ELIS J. (W 7845 Stable FL 3 ibel S. Van 7946 Stable FL 3 ibel S. Van 79546 Stable FL 3 a E. Hezi W. 7847 Stable FL 3 b West 780	Ma Floric GESTO OFFICER Jonzalez Freet # 10 33016 aldez Street # 33016	2004 DATE Ike check da Departs S AND DIR	payable to ment of St ECTORS IN Change Change	and accept tate 10 Addition Addition	
SIGNATURE 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	PD FERNANI 2500 W. 7 HIALEAH TD IBARRA, 2500 W. 7 HIALEAH SD MESEREI 2500 W. 7	or printed name of registered agent AR is \$61.25 OFFICERS AND D DEZ, MALKEL 18 ST. #4 1, FL 33016 A, RAUL 18 ST. #4 1, FL 33016 NOSE 18 ST. #4 18 ST. #4 19 ST. #4	nt and title if app	9. Election Cam Trust Fund C	Registered Agent simple paign Financin ontribution. 11. TITLE NAME STREET ADDRE CITY-ST-ZIP TITLE NAME STREET ADDRE STREET ADDRE STREET ADDRE	prature ratures PD SS 5701 Hale VPD Mar SS 6765 Hale DD SS 5825 Hale SS 5825	SS.00 May Be Added to Fees ADDITIONS/CHAN ELIS J. (W. 7845) S. W. 7845 S. W. 7846 FZ. 3 W. 7847 FZ.	Ma Floric GESTO OFFICER Jonzalez Freet # 10 33016 GSTreet # 33016 GSTreet # 33016	2004 DATE Ike check da Departs S AND DIR	payable to ment of St ECTORS IN Change	and accept tate 10 Addition	
SIGNATURE 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	PD FERNANI 2500 W. 7 HIALEAH TD IBARRA, 2500 W. 7 HIALEAH TD IBARRA, 2500 W. 7 HIALEAH TD IBARRA, 2500 W. 7 HIALEAH D FUENTES 2500 W. 7	or printed name of registered agent AR is \$61.25 OFFICERS AND D DEZ, MALKEL 8 ST. #4 , FL 33016 A, RAUL 8 ST. #4 , FL 33016 JOSE 8 ST. #4 , FL 33016 NE, RICARDO 8 ST. #4 , FL 33016	nt and title if app	9. Election Cam Trust Fund C	Registered Agent simple agent particular in the contribution. 11. TITLE NAME STREET ADDRE CITY-ST-ZIP TITLE	gnature reduced PD Y 0 S 5701 WPD Mar 5705 Hale SS 5706 Hale SS Hale SS 5705 Hale SS 5706	St.00 May Be Added to Fees Added to Fees ADDITIONS/CHAN PL 3 ibel 5. Vis a E. Mezina F. W. 78th Fah Fz. L. Arra L. Ar	Ma Floric GESTO OFFICER Jonzalez Freet # 10 33016 aldez n Street # 33016 m St. # 33016	2004 DATE Ike check da Departs S AND DIR	payable to ment of St ECTORS IN Change Change	and accept tate 10 Addition Addition	
SIGNATURE 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TITLE NAME TITLE NAME	PD FERNANI 2500 W. 7 HIALEAH TD IBARRA, 2500 W. 7 HIALEAH TD IBARRA, 2500 W. 7 HIALEAH TD IBARRA, 2500 W. 7 HIALEAH D FUENTES 2500 W. 7	or printed name of registered agent AR is \$61.25 OFFICERS AND D DEZ, MALKEL 78 ST. #4 7, FL 33016 A, RAUL 78 ST. #4 7FL 33016 JOSE 78 ST. #4 7FL 33016 NE, RICARDO 78 ST. #4 7, FL 33016	nt and title if app	9. Election Cam Trust Fund C	Registered Agent simpaign Financin ontribution. 11. TITLE NAME STREET ADDRE CITY-ST-ZIP TITLE NAME	gnature reduced PD Y 0 S 5701 WPD Mar 5705 Hale SS 5706 Hale SS Hale SS 5705 Hale SS 5706	SS.00 May Be Added to Fees ADDITIONS/CHAN ELIS J. (W. 7845) S. W. 7845 S. W. 7846 FZ. 3 W. 7847 FZ.	Ma Floric GESTO OFFICER Jonzalez Freet # 10 33016 aldez n Street # 33016 m St. # 33016	2004 DATE Ike check da Departs S AND DIR	payable to ment of St ECTORS IN Change Change	and accept tate 10 Addition Addition	

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empoyered.

CITY-ST-ZIP

STREET ADDRESS

NAME

SIGNATURE: YUSelis J. Gonzalez Phosident.	11/11	12004	(305)821-1794
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	• •	Date	Daytime Phone #

NAME

STREET ADDRESS

CITY-ST-ZIP

GONZALEZ, IRELA

HIALEAH, FL 33016

2500 W. 78 ST. #4