

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N05200 (3)
1. Corporation Name
SALZEDO OFFICE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business: ~~111 FONTAINEBLEAU BLVD. SUITE 205 MIAMI FL 33172-4507~~
Mailing Address: C/O TIMBERLAKAE GROUP INC 5050 NW 74TH AVE MIAMI FL 33166 US

3. Date Incorporated or Qualified: **09/18/1984**
3a. Date of Last Report: **06/26/1995**
4. FEI Number: **59-2494919**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: **21 The Timberlake Group, Inc.**
2a. Mailing Address: Suite, Apt. #, etc. **26**
22 5050 N.W. 74th. Avenue,
City & State: **23 Miami, Florida,**
Zip: **24 33166** Country: **25 U.S.A.**

9. Name and Address of Current Registered Agent:
~~PARISER, BRIAN W. 9130 S DADELAND BLVD. DATRAN II STE 1511 MIAMI FL 33156~~

10. Name and Address of New Registered Agent:
81 Name: **Robert A. Dugger,**
82 Street Address (P.O. Box Number is Not Acceptable): **The Timberlake Group, Inc.,**
83 **5050 N.W. 74th. Avenue,**
84 City: **Miami,** 85 Zip Code: **FL 33166**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: *[Signature]* **R.A. DUGGER** DATE: **2.26.96.**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LARRIEU, JORGE	1.2 NAME	
STREET ADDRESS	111 FONTAINEBLEAU BLVD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	
TITLE	PDT <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOCAL, ABELARDO	2.2 NAME	
STREET ADDRESS	111 FONTAINEBLEAU BLVD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LARRIEU, RENE	3.2 NAME	
STREET ADDRESS	D	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUGGER, ROBERT A	4.2 NAME	
STREET ADDRESS	8405 NW 53 ST A-102	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 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 attachment with an address.

SIGNATURE: *[Signature]* **R.A. DUGGER** DATE: **2/24/96** Daytime Phone #: **305-593-1141**

CR2E037 (12/95)