FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N05200

1. Corporation Name

SALZEDO OFFICE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business
C/O THE TIMBERLAKE GROUP. INC 5050 NW 74TH AVENUE MIAMI FL 33166
US

2. Principal Place of Business

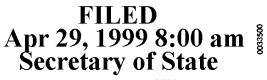
Mailing Address

2a. Mailing Address

C/O TIMBERLKAE GROUP INC 5050 NW 74TH AVE MIAMI FL 33166

US

26



04-29-1999 90164 029 ****70.00

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Aprilled For

3. Date Incorporated or Qualifed

09/18/1984

4. FEI Number

Suite, Apt.	#, etc.	Suite, Apt. #, etc.			4. FEI Numi				lied For	
22		27			59-249	4919		Not	Applicable	
City & State	e	City & State			5. Certifcate	of Status Desired	X	\$8.75 A Fee Red		
Zip	Country	Zip Country			6. Flection (Campaign Financing		\$5.00	May Be	
24	25	29 30			Trust Fund Contribution			Added to	, ,	
	9. Name and Address of Currer	- - 	·,		10. Name ar	d Address of New	Registered	Agent		
			81	Name						
BUIGOED	DODEDT A				. (D.D. B N		-4-61-V	 -		
Dugger, Robert A. The Timberlake Group Inc			82 Street Address (P.O. Box Number is Not Acceptable)							
			83							
	74TH AVENUE									
MIAMI FL 33166			84	City			<u>FL</u>	85 Zip C	ì	
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	447	- KOBER	27 1	7.1	UGGENE ired when reinstating		_ <i>Z-:</i> 2	<u> 2-97</u>	[
12.	Signature, typed or printed name of registered age	DIRECTORS	13.	signature requi	ADDITI ON	S/CHANGES TO C	FFICERS AN	ND DIRECTO	RS IN 12	
		DELETE	1.1 TITLE	—				Change	Addition	
TITLE	SD LARRIELL JORGE		1.2 NAME						į	
NAME	LARRIEU, JORGE			*DODECC						
STREET ADDRESS	3971 SW 8TH ST STE 205		1.3 STREET							
CITY-ST-ZIP	MIAMI FL 33134	□ DELETE	1.4 CITY- \$1	-ZIP				Change	[] Addition	
TITLE	PDT	☐ SELETE	2.1 TITLE					□ oo.,go	٠, ٠,٠٠٠	
NAME	DOCAL, ABELARDO		2.2 NAME							
STREET ADOR ESS	3971 SW 8TH ST STE 205		2.3 STREET	ADDRESS						
CITY-ST-ZIP	MIAMI FL 33134		2.4 CITY-S	r-ZIP		-		Change	Addition	
TITLE	D	☐ DELETE	3.1 TITLE					Change	[] Addition	
NAME	LARRIEU, MANUEL A.		3.2 NAME							
STREET ADDRESS	3971 SW 8TH STREET, #205		3.3 STREET	ADDRESS						
CITY-ST-ZIP	MIAMI_FL		3.4. CITY-S	T-ZiP						
TITLE	D	☐ DELETE	4,1 TITLE					Change	Addition	
NAME	DUGGER, ROBERT A.		4.2 NAME							
STREET ADOR ESS	5050 NW 74TH AVENUE		4.3 STREET	ADDRESS						
CITY-ST-ZIP	MIAMI FL		4.4 CITY-ST	- ZIP						
TITLE		☐ DELETE	5.1 TITLE					Change	Addition	
NAME			5.2 NAME	ŀ						
STREET ADDRESS			5.3 STREET	ADDRESS					1	
CITY-ST-ZIP			5.4 CITY-\$1	-ZIP						
TITLE		☐ DELETE	6.1 TITLE					☐ Change	Addition	
NAME			6.2 NAME							
STREET ADDRESS			6.3 STREET	ADDRESS						
			6.4 CITY-ST	-ZIP						
CITY-ST-ZIP] certify that the information supplied w	ith this filing does not qualify for the			Section 119.07(3	Wi\ Florida Statute	s I further ce	rtify that the in	formation	

that annual report is true and accurate and that my signature shall have 1-be same legal effect as if made under oath; that I am an locever or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in trachment with an address, with all other like empowered. indicated on this annual report or supplemental.

SIGNATURE:

R.A. DUGGER.