

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 # N08253 (9)

1. Corporation Name

TAMIAMI CENTRE ONE OWNERS' ASSOCIATION, INC.



Principal Place of Business

**14540 S.W. 136TH ST. #200
MIAMI FL 33186**

Mailing Address

**14540 S.W. 136TH ST. #200
MIAMI FL 33186**

3. Date Incorporated or Qualified
03/20/1985

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FEI Number
65-0530609

Applied For
☐ Not Applicable

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

9. Name and Address of Current Registered Agent

**THOMPSON, KENNETH
14540 S.W. 136TH ST. #200
MIAMI FL 33186**

10. Name and Address of New Registered Agent

81 Name **LESLIE THOMPSON**
82 Street Address (P.O. Box Number is Not Acceptable)
14540 S.W. 136TH ST #200
83 **1**
84 City **MIAMI** **FL** **85** Zip Code **33186**

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

PD ☒ DELETE
NAME **THOMPSON, KENNETH**
STREET ADDRESS **14540 S.W. 136TH ST., #200**
CITY-ST-ZIP **MIAMI FL 33186**

VD ☐ DELETE
NAME **RODRIGUEZ, EUGENIO**
STREET ADDRESS **14540 S.W. 136TH ST., #200**
CITY-ST-ZIP **MIAMI FL 33186**

TD ☐ DELETE
NAME **THOMPSON, EDWARD**
STREET ADDRESS **14540 S.W. 136TH ST., #200**
CITY-ST-ZIP **MIAMI FL 33186**

SD ☐ DELETE
NAME **OGLIVE, OSCAR**
STREET ADDRESS **14540 S.W. 136TH ST., #200**
CITY-ST-ZIP **MIAMI FL 33186**

☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

PD ☐ Change ☒ Addition
1.1 TITLE **LESLIE THOMPSON**
1.2 NAME
1.3 STREET ADDRESS **14540 S.W. 136TH ST #200**
1.4 CITY-ST-ZIP **MIAMI, FL 33186**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 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 in changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)