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09-03-1999 90002 002 \*\*\*\*61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N09583 ✓  
1. Corporation Name  
SOUTH MIAMI BUSINESS CENTER SEC. THREE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business: 7100 SW 47TH STREET, MIAMI FL 33155, US  
Mailing Address: 8602 SW 102 STREET, MIAMI FL 33156, US

\* 6 1 12289 - 90002 - 2 9 \*



21	2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
22	Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
23	City & State	City & State	Applied For
24	Zip	Zip	Not Applicable
25	Country	Country	5. Certificate of Status Desired
26		30	6. Election Campaign Financing
27		31	Trust Fund Contribution
28		32	
29		33	
30		34	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
STEVERDING, PATRICIA		81	Name
8602 SW 102 ST		82	Street Address (P.O. Box Number is Not Acceptable)
MIAMI FL 33156		83	
		84	City
		85	Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	TD
NAME	HESS, JAY	1.2 NAME	JOHN STEVERDING
STREET ADDRESS	7116 SW 47TH STREET	1.3 STREET ADDRESS	8602 SW 102 ST
CITY-ST-ZIP	MIAMI FL 33155	1.4 CITY-ST-ZIP	MIAMI, FL 33156
TITLE	TD	2.1 TITLE	
NAME	STEVERDING, PATRICIA	2.2 NAME	
STREET ADDRESS	8602 SW 102ND STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	
NAME	NEAL, LESLIE	3.2 NAME	
STREET ADDRESS	7124 S.W. 47TH STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE: *John Steverding* REQUIRED  
8-30-99 (905) 271-5936  
Date Daytime Phone #

0032435

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