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CORPORATION ANNUAL REPORT 1995

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

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DIVISION OF CORPORATIONS
95 MAR 28 PM 6:16

DOCUMENT # N09942 (6)

1. Corporation Name

CARMEL AT THE CALIFORNIA CLUB CONDOMINIUM "19" A SSOCIATION, INC.

Principal Place of Business	Mailing Address
~~8299 CORAL WAY~~ ~~MIAMI FL 33155~~	~~8299 CORAL WAY~~ ~~MIAMI FL 33155~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/25/1985
3a. Date of Last Report: 04/28/1994
4. FEI Number: 59-2564866 — Applied For / Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 C/o D.C.I.	26 C/o D.C.I.
Suite, Apt #, etc. 22 2901 Simms St.	Suite, Apt #, etc. 27 2901 Simms St.
City & State 23 Hollywood, FL.	City & State 28 Hollywood FL.
Zip 24 33020 Country 25 USA	Zip 29 33020 Country 30 USA

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

~~PORTUONDO, JULIO GONLAZEZ~~
~~8299 CORAL WAY~~
~~MIAMI FL 33155~~

10. Name and Address of New Registered Agent

81 Name: Andrew Mazurowitz
82 Street Address (P.O. Box Number is Not Acceptable): C/o D.C.I.
83 2901 Simms St.
84 City: Hollywood FL 85 Zip Code 33020

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE [signature] 2/22/95
Signature, typed or printed name of registered agent and title if applicable — NOTE: Registered Agent signature required when reinstating — DATE

12. OFFICERS AND DIRECTORS	
TITLE	PD - President
NAME	KRAKAUER, BEVERLY
STREET ADDRESS	909 N.E. 199 ST.
CITY ST ZIP	MIAMI FL
TITLE	VP - D
NAME	BEITSCHER, HARRIET
STREET ADDRESS	909 NE 199 ST
CITY ST ZIP	MIAMI FL
TITLE	TD
NAME	~~MONTES, SANDY~~
STREET ADDRESS	~~909 N.E. 199TH ST. #206~~
CITY ST ZIP	~~MIAMI FL~~
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1 1 TITLE		☐ Change ☐ Addition
1 2 NAME		
1 3 STREET ADDRESS		
1 4 CITY ST ZIP		
2 1 TITLE		☐ Change ☐ Addition
2 2 NAME		
2 3 STREET ADDRESS		
2 4 CITY ST ZIP		
3 1 TITLE	TD	☑ Change ☐ Addition
3 2 NAME	Linda Breitbarth	
3 3 STREET ADDRESS	909 NE 199 St. #204	
3 4 CITY ST ZIP	Miami, Fl. 33179	
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 if changed, or on an attachment with an address.

SIGNATURE: Beverly Krakauer 2-20-95 (305) 947-7898
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Beverly Krakauer