

FILE NOW: FILING FEE IS \$61.25

FILED  
May 19 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Morham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT #  
1. Corporation Name

N11204

Residencial El Prado Condo. Assoc. Inc.

Principal Place of Business

Mailing Address

3. Date Incorporated or Qualified

4. FEI Number

59-2861645

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 9380 Sunset Drive

26 9380 Sunset Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 B-250

27 B-250

City & State

City & State

23 Miami, Fl.

28 Miami, Fl.

Zip

Zip

Country

Country

24 33173

29 33173

25 Dade

30 Dade

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. Is this nonprofit corporation a homeowners association?

☒

Yes

☐

No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☒

Yes

☐

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name

Rodriguez & Morrison, P.A.

82 Street Address (P.O. Box Number is Not Acceptable)

13903 NW 67 Avenue, Suite 450

83

84 City

Miami, Florida

FL

85 Zip Code

33014

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]*

*[Signature]*

*[Signature]*

4/22/98

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P/D ☐ DELETE

NAME Martinez, Isidoro

STREET ADDRESS 2730 W 61 Place #207

CITY-ST-ZIP Miami, Fl. 33016

TITLE VP/D ☐ DELETE

NAME Alonso, Ivonne

STREET ADDRESS 2740 W 61 Place, #104

CITY-ST-ZIP Hialeah, Fl. 33016

TITLE S/D ☐ DELETE

NAME Figueiras, Luis

STREET ADDRESS 2730 W 60 Place #101

CITY-ST-ZIP Hialeah, Fl. 33016

TITLE T/D ☐ DELETE

NAME Santiago, Idarmis

STREET ADDRESS 2740 W 63 Street #106

CITY-ST-ZIP Hialeah, Fl. 33016

TITLE D ☐ DELETE

NAME Fernandez, Carlos

STREET ADDRESS 2740 W 61 Place #101

CITY-ST-ZIP Hialeah, Fl. 33016

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

☐ Change

☐ Addition

☐ Change

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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.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E037 (10/97)