FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998
DOCUMENT #

N12945

(4)

COMMODORE CENTRE CONDOMINIUM ASSOCIATION, INC.

FILED May 01 1998 8:00am Secretary of State

Principal Place of Business Mailing Address						I HEALINGS BEI STEIN STEIN STEIN BEIST BEIST BEIST BEIST BEEST BEBST BEIST BEIST BEIST BEIST BEIST BEIST BEIST
1801 S.W. 3RD AVE. MIAMI FL 33129-1416		1801 SOUTHWEST THIRD AVENUE 8TH FLOOR MIAMI FL 33129 US			3. Date Incorporated or Qualified 01/13/1986 4. FEI Number Applied For	
						65-0028785 Not Applicable
2. Principal Pl	ace of Business	2a. Mailing Address 26	26			5. Certificate of Status Desired S8.75 Additional Fee Required
Suite, Apt. #, etc.		Suite, Apt. #, etc.	27			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
City & State		City & State	⊢ '			7. Is this nonprofit corporation a homeowners association?
Zip Country		26 Zin	Zip Country			☐ Yes ☐ No
24	25	29	30	,u. y		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No
	9. Name and Address of Curre		1001	Ι		10. Name and Address of New Registered Agent
				81	Name)
JIMENEZ	, ROSE G.			82	Street	t Address (P.O. Box Number is Not Acceptable)
	UTHWEST THIRD AVENUE				Oliooti	r Address (1.0. Dox Hamber to Not Address to
8TH FLO	OR			83		
MIAMI FL	. 33129			84	City	85 Zip Code
					•	FL T
office or re agent. I at SIGNATURE	agistered agent, or both, in the Sta m familiar with, and accept the obli Signature, typed or printed name of registered a	te of Florida. Such change was a gations of, Section 617.0503, Flo	authorize orida Stal	d by tutes	the corp	d corporation submits this statement for the purpose of changing its registered reporation's board of directors. I hereby accept the appointment as registered
12.		ND DIRECTORS	13.	a rega		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	☐ DELETE	1.1 10	ITLE		Change Addition
NAME	PERDIGAO, MARCIO		1.2 N	AME		
STREET ADDRESS	VENUE, 8TH FLOOR	1.3 S	TREET	ADDRESS		
CITY-ST-ZIP	MIAMI FL		1.4 C	1.4 CITY - ST - ZIP		
TITLE	D	☐ DELETE	2.1 Ti	2.1 TITLE		Change Addition
NAME	LLAVERIAS, JULIO		2.2 N	2.2 NAME		
STREET ADDRESS 1801 S.W. 3RD AVE., 8TH FL.		L.	2.3 S	2.3 STREET ADDRESS		
CITY-ST-ZIP	MAMI FL		_	2. 4 CITY - ST - ZIP		
TITLE	_			3.1 TITLE 3.2 NAME		Change Addition
NAME	**************************************					
STREET ADDRESS	4 11 4 4 4 11			3.3 STREET ADDRESS 3.4. CITY-ST-ZIP		
CITY-ST-ZIP TITLE	MIAMI FL	☐ DELETE			(-ZIP	☐ Change ☐ Addillion
NAME			4. 2 NAME			
STREET ADDRESS					ADDRESS	,
CITY-ST-ZIP				4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE			Change Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREE		ADDRESS	
CITY-ST-ZIP	5.		5.4 C	5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE			. Change Addition
rame			6.2 N	AME		
STREET ADDRESS			6.3 S	TREET	address	
CITY-ST-ZIP				(TY - S1		
indicated officer or	on this annual report or supplemen	ntal annual report is true and accidented for trustee empowered to	urate an	d the	it my sig	ted in Section 119.07(3)(i), Florida Statutes. I further certify that the information ignature shall have the same legal effect as if made under oath; that I am an as required by Chapter 617, Florida Statutes; and that my name appears in

IGNATURE: Julio Blancias Julio Elaverias 04-24-98 305 858-6350