

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # **N13119** (5)
1. Corporation Name
SOUTH MIAMI BUSINESS CENTER SEC. FOUR CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address
7160 S.W. 47 ST. MIAMI FL 33155 **7160 S.W. 47 ST. MIAMI FL 33155**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **01/23/1986** 3a. Date of Last Report **05/01/1994**

4. FEI Number **65-0012886** 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**

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. 194(1)(3), Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt # etc 26 Suite, Apt #, etc

22 City & State 27 City & State

23 City County 28 City County

24 City County 29 City County 30 City County

9. Name and Address of Current Registered Agent
CONTORAKES, GEORGE
7160 S.W. 47 ST.
MIAMI FL 33155

10. Name and Address of New Registered Agent

81 Name

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

83

84 City **FL** 85 Zip Code

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 _____ DATE _____
(Signature Agent, a person other than registered agent, and the filer shall sign) (NOTE: Registered Agent signature required when resubmitting) (DATE)

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY ST ZIP

1 PD **ASMAR, MICHAEL**
9400 SW 11TH ST.
MIAMI FL

2 VPD **HANDAL, ALEJANDRO**
7160 S.W. 47 ST.
MIAMI FL

3 SD **CONTORAKES, GEORGE**
7160 S.W. 47 ST.
MIAMI FL

4

5

6

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE Change Addition

12 NAME

13 STREET ADDRESS

14 CITY ST ZIP

21 TITLE Change Addition

22 NAME

23 STREET ADDRESS

24 CITY ST ZIP

31 TITLE Change Addition

32 NAME

33 STREET ADDRESS

34 CITY ST ZIP

41 TITLE Change Addition

42 NAME

43 STREET ADDRESS

44 CITY ST ZIP

51 TITLE Change Addition

52 NAME

53 STREET ADDRESS

54 CITY ST ZIP

61 TITLE Change Addition

62 NAME

63 STREET ADDRESS

64 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 110.07(3)(b), 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 of this report, or on an attachment with an address.

SIGNATURE: *George Contorakes* **5/4/95** **305-661-0731**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE TELEPHONE #