FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

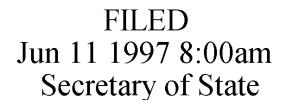
Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT #

(5)

SOUTH MIAMI BUSINESS CENTER SEC. FOUR CONDOMINIU M ASSOCIATION, INC.





Principal Place	e of Busines	s	Mailing	Mailing Address 7160 S.W. 47 ST. MIAMI FL 33155-4654												
7180 S.W. 47 S MIAMI FL 33155	•															
									3. Date Incorporated or Qualified 3a. Date of Last Report 01/23/1986 06/13/1996							
2. Principal Pi	lace of Busin	ness	2e. Mai	2e. Mailing Address					4. FEI Numl						Applied For	
21			26	26					65-0012886					Not Applicable		
Sulte, Apt.	#, etc.		Sui	Suite, Apt. #, etc.					F 001:1					\$8.75	Additional	
22			27	27					5. Certificat	ie of Sta	itus Desire	ed		Fee	Required	
City & State	9		City	City & State					6. Election	Campai	gn Financi	ing		\$5.0	0 May Be	\neg
23			28	28					Trust Fur	nd Contr	ribution	•			d to Fees	
Zip		Country	Zip	Zip Count					8. This corp	oration	has liabilit	liability for intangible tax under s. 199.032,				$\neg \neg$
24	25		29	29 30					Florida Statutes X Yes] No		
	9. Name	and Address of Cu	irrent Registere	d Agent				1	IO. Name ar	nd Addı	ress of Ne	w Reg	Istered A	gent		
						61	Name	9								
CONTORAKES, GEORGE							Street	1 Addrose	(P.O. Box N	lumbar	is Not Acc	centable	o)			{
	N. 47 ST.	*****					Direct	treet Address (P.O. Box Number is Not Acceptable)								- 1
MIAMI FL						83										\neg
IMP WALL I																
	. *					84	City						FL	85 Zi	p Code	
11. Pursuant a	o the provis	lons of Sections 617	0502 and 617 1	508 Florida Stati	ites the a	have	-namer	d corpora	tion submits	this sta	tement for	the ni	rpose of	changing	its register	
office or r	egistered ag	jent, or both, in the S ith, and accept the o	State of Florida. S	uch change was	authorize	d by	the co	rporation'	s board of d	lirectors	. I hereby	accept	the appo	ointment a	as registere	ď
agent. i ai	m lemilar w	ith, and accept the d	boligations of, 56	Ction 617.0503, F	-lorida Sta	tutes										- }
SIGNATURE _	Closeline broad	or printed name of registers	A soon and little if son	liceble (NC	TE Bogistoro	d Ago	nt eignatur	to required in	hen reinstating)				DATE			
12.	Signature, types		AND DIRECTOR		13.	u Age	ni eignaidi	ne requied w	ADDITION	IS/CHAI	NGES TO	OFFICE		DIRECTO	ORS IN 12	
TITLE	PD			DELETE	1.1 T	TI F		PD			1220 10			Change		tion
NAME		MICHAEL			1.2 N			(- ~						
STREET ADORESS		V 11TH ST.					ADDRESS		AR, M							- 1
	MIAMI F							716	6 S.W	.47	Stre	eţ				
CITY-ST-ZIP	VPD	<u> </u>		X DELETE	1.4 U	TY - 5	1-211	MIN	141 7 1.	ـ و با	331	22		Change	e 🔲 Addi	tion
		ALCIANDDO		DE DECEMO	2.1 N									— 01:0019v		
NAME		., ALEJANDRO														
STREET ADDRESS 7160 S.W. 47 ST.				2			ADDRESS	· }								- 1
CITY-ST-ZIP	MIAMI F	<u>L</u>		DELETE			I-ZIP	-						X Change	e 🔲 Addi	
TITLE	6D	AFABAF		- DECEIE	3 1 Ti			VPD						LZI Change	: A001	11011
NAME		RAKES, GEORGE			3.2 N			CON	TORAKI	ES,	GEOR	GE				- 1
STREET ADDRESS		W. 47 ST.					ADDRESS		0 S.W.							1
CITY-ST-ZIP	<u>MIAMI F</u>	L		Document			T-ZIP		MI, FI	وب	331.	55			17 1 4 4 6	
TITLE				DELETE	4.1 TI			SD				_		Change	e 🗶 Addi	rion
NAME					4.2 N			CON	TORAKE	es,_	MARIA	A				
STREET ADDRESS	•				4.3 S	TREET	address	1	0 s.w.							
CITY-ST-ZIP					4.4 C	TY-S	1 - ZIP	MIA	MI, FI	٠	<u> 331!</u>	55				
TITLE				DELETE	5.1 TI	TLE								☐ Change	e 🔲 Addi	tion
NAME					5.2 N	AME		1								1
STREET ADDRESS					5.3 S	TREET	address	1								- 1
CITY-ST-ZIP					5.4 C	TY-S	T - ZIP									
TITLE	_			DELETE	6.1 TI	ILE								Change	Addi 🔲 Addi	lion
NAME					. 6.2 N	AME										- 1
STREET ADDRESS					6.3 S	TREET	ADDRESS	:								
CITY-SY-ZIP					6.4 C	ITY - S	1 - ZIP									
	ov certify the	t the information sur	polied with this fil	ing does not qua				stated in	Section 119	07(3)(i)	Florida S	tatutes	Lfurther	certify th	at the	

Information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same logal effect as if made under oath; that I am an officer or director of the corp realth or tipe 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 granted, or in a lattachment with an address.