

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 19, 1999 8:00 am
Secretary of State

03-19-1999 90010 019 ****30.63

03-19-1999 90010 020 ****30.62

DOCUMENT # N23006

1. Corporation Name

**TERRANOVA WAREHOUSE CONDOMINIUM NO. 25 ASSOCIATI
ON, INC.**

Principal Place of Business

2305-2307 W. 77 ST.
HIALEAH FL 33016

Mailing Address

2305-2307 W. 77 ST.
HIALEAH FL 33016



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

10/13/1987

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
65-0136586

Applied For
Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24 25 29 30
9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

REYES III, AGUSTIN W.
~~1418 N. E. 104 ST~~
MIAMI SHORES FL 33138

81 Name

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

1481 NE 104 ST.

83

84 City

FL

85 Zip Code

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME TD
STREET ADDRESS TAPANES, SR., JORGE T
CITY-ST-ZIP 11875 SW 19 LANE #164
MIAMI FL 33175

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME VD
STREET ADDRESS TAPANES, JORGE T.
CITY-ST-ZIP 8260 NW 199TH ST
MIAMI FL

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME VD
2.3 STREET ADDRESS TAPANES, JORGE T.
2.4 CITY-ST-ZIP 8260 NW 199TH STREET
MIAMI, FL 33015

TITLE ☐ DELETE
NAME PSD
STREET ADDRESS REYES III, AGUSTIN W.
CITY-ST-ZIP 1569 N.E. 105 ST.
MIAMI SHORES FL

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME PSD
3.3 STREET ADDRESS REYES, III, AGUSTIN W.
3.4 CITY-ST-ZIP 1481 NE 104 ST
MIAMI SHORES, FL 33138

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/24/99 (305) 558-8870
Date Daytime Phone #

CR2E037 (1/1/98)