FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT # N34080

(4)

SOUTH DADE BUSINESS CENTRE CONDOMINIUM ASSOCIATI

ON, INC.					
Principal Place of Business	Mailing Address	-	8811 81811 81811 81811 81811 8481 81811 81811 188		
16115 SW 117TH AVE #25 MIAM! FL 33177	16115 SW 117TH AVE #25 MIAMI FL 33177				
US	US	3. Date Incorporated or Qualified 09/08/1989	3a. Date of Last Report 04/04/1995		
2. Principal Place of Business 21 Winner Mouadluss	it huz 26 Widui Wanagunit fuc	4. FEI Number NOT APPLICABLE	Applied For Not Applicate		
Suite, Apt. #, etc. 22 14275 SW 142 A	Suite Ant # etc	5. Certificate of Status Desired	S8.75 Additional		

\$5.00 May Be Kiami, Fla 6. Election Campaign Financing Trust Fund Contribution Added to Fees Country This corporation has liability for intangible tax under s. 199 032 29 9. Name and Address of Current Registered Agent

GITTLEMAN, ROBERT 10755 S.W. 190TH STREET SUITE 46 **MIAMI FL 33157**

Ωá	de	Florida Statutes	Yes 🖂		or 5. 100.002,
		10. Name and Address o	1 New Registered	Agen	<u> </u>
81	Name C	alos a. Tric	24		
82	Street 0	9P. Pouce OL Z	eou Bh	De.	(
83	su	ite 1110			
84	City	oral Gilbles	FL	85	33134

Applied For Not Applicable \$8.75 Additional

Fee Required

or register	o the provisions of Sections 617.0502 and 617.1508, Florida Sections of Sections 617.0502 and 617.1508, Florida Section 617.0503 and 617.1508, Florida Section 617.0503 build of the control of the contr	Statutes, the above-named co the lized by the corporation's layutes.	rporation submits this statement for the p board of directors. I hereby accept the ap	purpose of changing its registered office oppointment as registered agent. I am
SIGNATURE .	Signature, types of printed name of registered agent and title if applicable	(NOTE: Registered Agent signature re	equired when reinstaling)	3/2+140
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO O	FFICERS AND DIRECTORS IN 12
TITLE	PD DELETI	£ 1.1 TIBLE	PDance Pt	Change 📈 Addition
NAME	WALKER, JAMES	1.2 NAME	Chilipyother	2.0.411
STREET ADDRESS	16115 SW 117TH AVE #25	1.3 STREET ADDRESS	16115 YSW 1174	we #14
CITY-ST-ZIP	MIAMI FL	1.4 CITY - ST - ZIP	mianie, Fla	
TITLE	VPD IDELETI	É 217/1LE	VPD	Change 🔀 Addition
NAME	BROWN, KEVIN	2.2 NAME	111:00 ALL GANGE	
STREET ADDRESS	16115 SW 117TH AVE #25	2 3 STREET ADDRESS	16115 SW 117 av	e #14
CITY-ST-ZIP	MIAMI FL	2 4 CITY-ST-ZIP	Miani, Fla	_
TITLE	TD DELET	E 31 TITLE	TP O O O	☐ Change 🔀 Addition
NAME	MECEDES, LOPEZ	3 2 NAME	Richard Stem	&
STREET ADDRESS	16115 SW 117TH AVE #25	3.3 STREET ADDRESS	Richard Blum 16155 SW 117 a	ve #6
CITY-SI-ZIP	MIAMI FL	34. CITY-ST-ZIP	Miani, Fla	
TITLE	DELET	E 4.1 TITLE	5ec 00	☐ Change ► Addition
NAME		4 2 NAME	Gyon shorp	- 44
STREET ADDRESS		4.3 STREET ADORESS	16/16 SW 117 W	e#1
CHY-ST-ZIP		4.4 CITY-ST-ZIP	miani fl	
TITLE	DELET	£ 51 TITLE	DO 0.00 10	Change Addition
NAME		5.2 NAME	Vaul Weidhard	2.0 4 10
STREET ADDRESS		5.3 STREET ADDRESS	- Vaul Heidhard 16115 Lw 1176 - Miani Ha	WE # 10
CITY-ST-ZIP		5.4 CITY - ST - ZIP	-Miani Ha	<u> </u>
TITLE	☐ DELET	E 61 TITLE		Change Addition
NAME		6.2 NAME		
STREET ADDRESS		6 3 STREET ADDRESS		
CITY-ST-ZIP		6 4 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 119.07(3)(k), 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 certify 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 chapged, or on an attachment with an address.

SIGNATURE

Daytime Phone #