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 # N34080

SOUTH DADE BUSINESS CENTRE CONDOMINIUM ASSOCIATI

ON, INC.						1		
Principal Plac	e of Business	Ma	Mailing Address				1	t manten nam kenn kenn manat name sakte ann denn denn didte biddt benn menn didte inset
MIAMI MANAGEMENT INC 14275 SW 142 AVE MIAMI FL 33186 US			MIAMI MANAGEMENT INC 14275 SW 142 AVE MIAMI FL 33186 US					Date Incorporated or Qualified 09/08/1989 FEI Number 65-0143960 Applied For
2. Principal F	lace of Business	2a.	Mailing Address				╀	NOT APPLICABLE Not Applicable
21	TOO OF EGONIOUS	26	— ·				5.	Certificate of Status Desired See Required
Suite, Apt. #, etc.			Suite, Apt. #, etc.				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?
23 Zip	Country	28	Zip	Co	untry		-	This corporation owes or has paid the current year Intangible
24	25	29		30	a ,		5.	Personal Property Tax due June 30.
	9. Name and Address of Cur	rrent Regist	tered Agent	15-1			10.	Name and Address of New Registered Agent
					81	Name		
BRENNE	R, RICHARD L				82	Street Addre	ss (I	P.O. Box Number is Not Acceptable)
1	W 117TH AVE							
STE B-6					83			
MIAM! F	L 33177				84	City		B5 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								
12.	Signature, typed or printed name of registered OFFICERS	AND DIREC		TE: Registere	d Age	nt signature require		n reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	7440 011120	DELETE	111	ITLE			☐ Change ☐ Addition
NAME	Porter, Philip			1.2 N	AME			
STREET ADDRESS	STREET ADDRESS 16115 SW 117 AVE 16		1.3		TAEET	ADDRESS		
CITY-ST-ZIP					1.4 CITY - ST-ZIP			
TITLE	PD		DELETE		2.1 TITLE			Change Addition
NAME			2.2		2.2 NAME			
STREET ADDRESS	1		1		2.3 STREET ADDRESS			
CITY - ST - ZIP	MIAMI FL TO DELETE		_	2.4 CITY - ST - ZIP 3.1 TITLE			Change Addition	
TITLE							L. Change L. Addition	
NAME OTDERT ADDRESS	16155 SW 117 AVE 6			3.2 N		1000000		•
STREET ADORESS CITY-ST-ZIP	MIAMI FL					ADDRESS ST-ZIP		
TITLE	VPO			4.1 T		51-2IF		☐ Change ☐ Addition
NAME			- 4	VAME	1			
STREET ADDRESS	16115 SW 117 AVE 1					ADDRESS		
CITY-ST-ZIP	MIAMI FL				ITY-\$	ſ		
TITLE			5.1 T	TLE			☐ Change ☐ Addition	
NAME	NEIDHART, PAUL			5.2 N	AME			
STREET ADDRESS	16115 SW 117 AVE 10			5.3 S	TREET	ADDRESS		
CITY-ST-ZIP	MIAMI FL			5.4 C	ITY-SI	T-ZIP		
TITLE			☐ DELETE	6.1 T				Change Addition
NAME				62 N	ame			

6.3 STREET ADDRESS 6.4 City-St-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

14. Thereby 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 a statement with an address.

98 (305) 238-132-1

FILED

Mar 24 1998 8:00am

Secretary of State