

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # N34520 (9) 1. Corporation Name DIRO INDUSTRIAL CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address % LESTER R. SHAPIRO 1150 W. 68 ST HIALEAH FL 33014

3. Date Incorporated or Qualified 10/05/1989 3a. Date of Last Report 01/26/1995 4. FEI Number 65-0163482 5. Certificate of Status Desired 5. \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution 5. \$5.00 May Be Added to Fees 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes No

2. Principal Place of Business 2a. Mailing Address 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country 25 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30

9. Name and Address of Current Registered Agent SHAPIRO, LESTER R. 1150 W. 68 ST HIALEAH FL 33014

10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 FL 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 1.1 TITLE PD SHAPIRO, LESTER R. 1.2 NAME SHAPIRO, LESTER R. 1.3 STREET ADDRESS 1150 W. 68 ST 1.4 CITY - ST - ZIP HIALEAH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 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 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.

Lester R. Shapiro 1/26/96 305-821-0332 SIGNATURE: DATE: Daytime Phone #

CR2E037 (12/95)