FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **N35578** **(6)**

1. Corporation Name

FLEXSPACE AT DORAL WEST PARK CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
10462 NW 31ST TERR. MIAMI FL 33172 US	10462 NW 31ST TERR. MIAMI FL 33172 US

3. Date Incorporated or Qualified: **12/06/1989**
3a. Date of Last Report: **04/26/1995**

2. Principal Place of Business — 21: Suite, Apt. #, etc. — 22: City & State — 23: Zip — 24: Country — 25:

2a. Mailing Address — 26: Suite, Apt. #, etc. — 27: City & State — 28: Zip — 29: Country — 30:

4. FEI Number: **65-0251314** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

MILOSLAVIC, MIGUEL
10462 NW 31ST TERRACE
MIAMI FL 33172

10. Name and Address of New Registered Agent

81 Name

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

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS		
TITLE	PS	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	PINO, JUAN A.		1.2 NAME		
STREET ADDRESS	10462 NW 31ST TERRACE		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	WEIDENER, JAMES P.		2.2 NAME		
STREET ADDRESS	10462 N.W. 31ST TERRACE		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	MILOSLAVIC, MIGUEL V		3.2 NAME		
STREET ADDRESS	10462 NW 31 TERRACE		3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	GREGORY, GUS		4.2 NAME		
STREET ADDRESS	10462 N.W. 31ST TERRACE		4.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		4.4 CITY-ST-ZIP		
TITLE	D	☑ DELETE	5.1 TITLE	D	☑ Change ☐ Addition
NAME	RUIZ, ISABEL		5.2 NAME	NURIA MALLA	
STREET ADDRESS	10462 N.W. 31ST TERRACE		5.3 STREET ADDRESS	10462 N.W. 31st. Terrace	
CITY-ST-ZIP	MIAMI FL		5.4 CITY-ST-ZIP	Miami FL	
TITLE		☐ DELETE	6.1 TITLE	D	☐ Change ☑ Addition
NAME			6.2 NAME	Amancio Suarez	
STREET ADDRESS			6.3 STREET ADDRESS	10462 N.W. 31st. Terrace	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	Miami Fl.	

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.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (12/95)