

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 8, 1995.
AMOUNT DUE ON OR BEFORE 8/8/95: \$163 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$395)

NONPROFIT CORPORATION ANNUAL REPORT 1995



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

APPROVED AND FILED

95 JUL -3 AM 9:15

DOCUMENT # N35634 (7)

1. Corporation Name
O. R. CONDOMINIUM ASSOCIATION, INC.

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business
**18543 S.W. 104TH AVENUE
 9100 SO. DADELAND BLVD., SUITE 504
 MIAMI FL 33157
 US**

Mailing Address
**1395 BRICKELL AVENUE
 3RD FLOOR
 MIAMI FL 33131
 US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **12/08/1989**
 3a. Date of Last Report: **02/22/1994**

4. FEI Number: **65-0176597**
 Applied For:
 Not Applicable:

2. Principal Place of Business
 21 **1395 BRICKELL AVENUE**
 State, Apt #, etc: **320 FLOOR**
 City & State: **MIAMI, FL**

2a. Mailing Address
 26 **1395 BRICKELL AVE**
 State, Apt #, etc: **320 FLOOR**
 City & State: **MIAMI, FL 33131**

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

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

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status: **FILING FEE IS \$61.25**

8. This corporation has liability for enterprise tax under s. 190.019 Florida Statutes: Yes No

24 **33131** 25 **USA** 29 **33131** 30 **USA**

9. Name and Address of Current Registered Agent
**DE LEO, RICCARDO
 18543 SW 104 AVE
 MIAMI FL 33157**

10. Name and Address of New Registered Agent
 81 NAME:
 82 Street Address (P.O. Box Number is Not Acceptable): **18547 S.W. 104 AVE**
 83
 84 City: **MIAMI** FL 85 Zip Code: **33157**

11. Pursuant to the provisions of Sections 617.0700 and 617.1500, 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 hereby withdrawing and accept the obligations of Section 617.0700, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	ROSS, WILLIAM
STREET ADDRESS	1395 BRICKELL AVE
CITY, ST, ZIP	MIAMI FL
TITLE	D
NAME	DE LEO, SANTE
STREET ADDRESS	18543 SW 104 AVE
CITY, ST, ZIP	MIAMI FL
TITLE	D
NAME	DE LEO, RICCARDO
STREET ADDRESS	18543 SW 104 AVE
CITY, ST, ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDRESS AND CONTACT INFORMATION FOR THE ABOVE LISTED OFFICERS AND DIRECTORS

11. TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12. NAME	
13. STREET ADDRESS	1395 BRICKELL AVE, 3RD FLOOR
14. CITY, ST, ZIP	MIAMI, FL 33131
21. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	
23. STREET ADDRESS	18547 SW 104 AVE
24. CITY, ST, ZIP	MIAMI, FL 33157
31. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME	
33. STREET ADDRESS	18547 SW 104 AVE
34. CITY, ST, ZIP	MIAMI, FL 33157
41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME	
43. STREET ADDRESS	
44. CITY, ST, ZIP	
51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME	
53. STREET ADDRESS	
54. CITY, ST, ZIP	
61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME	
63. STREET ADDRESS	
64. CITY, ST, ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(1)(b), 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 and that of the other legal officer(s) if made in accordance with 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, on an attachment with an address.

SIGNATURE: **RICCARDO DE LEO** 6/14/95 (65) 254-0779
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (3/95)