SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.

AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## FILED Aug 03, 1999 8:00 am Secretary of State

Change

Change

Addition

Addition

08-03-1999 90008 008 \*\*\*\*61 25

	1999	DIVISION OF CORPORATIONS						08-03-1999 90008 008 ****61.25				
DOCUI	MENT # N413	90										
GONZ-MOR CONDOMINIUM ASSOCIATION, INC.							* 6 600185 - 90b08 - 8					
Principal Place of Business Mailing Address					-							
405 AND 407 EAST 15TH STREET 405 AND 407 EAST 15TH S				STREET			1 (88)(18) Bit A(80) ((400 )(1)) Bit	880 BIBN 81	en alan dien di	A (		
HIALEAH FL		H	aleah fl									
	face of Business	——————————————————————————————————————	2a. Mailing Address				3. Date Incorporated or Qualifed 12/21/1990					
Suite, Apt.	# etc		Suite, Apt. #, etc.				4. FEI Number		Ann	lied For	1	
22	#, dtd.	27	<del>                                     </del>				65-0328446		<u> </u>	Applicable	1	
City & State	e e		City & State				5. Certifcate of Status Desired		\$8.75 Additional Fee Required			
Zip	Country Zip			Country			6. Election Campaign Financing		\$5.00		1	
9. Name and Address of Current			Pagistered Agent				Trust Fund Contribution Added to F  10. Name and Address of New Registered Agent				-	
	5. Name and Address of Co	irent Kegisti	neo Agent	8	81	Name	To. Italie and Address of Hear Ito	gistored	-guit		1	
GONZALEZ, CECILIA					B2				<del></del>		4	
405 EAST 15TH STREET						Street Addi	ddress (P.O. Box Number is Not Acceptable)					
HIALEAH FL			į							V	1	
III	16			-	B4	O't.			85 Zip C		-	
						City		<u>FL</u>				
office or r	to the provisions of Sections 617 egistered agent, or both, in the S m familiar with, and accept the ol	tate of Florida	<ul> <li>Such change was aut</li> </ul>	horized t	bv t	-named corp the corporation	poration submits this statement for the proofs board of directors. I hereby accept	urpose of o the appoir	changing its r itment as reg	egistered istered		
SIGNATURE	Classic and an added are a discolution	d arent and title if	ANOTE: D	togistamid A		signature require	d when rejectating)	DATE	·		1	
Signature, typed or printed name of registered agent and title if applicable. (NOTE:  12. OFFICERS AND DIRECTORS				egistered Agent signature required			ADDITIONS/CHANGES TO OFFI		D DIRECTOR	RS IN 12	13	
TITLE	D		DELETE		1.1 TITLE				☐ Change	Addition	1	
NAME	GONZALEZ, CECILIA			1.2 NAME		1					1	
STREET ADDRESS	405 EAST 15TH STREET		1.		1.3 STREET ADDRESS						H	
CITY-ST-ZIP	HIALEAH FL			1.4 CITY	1.4 CITY-ST-ZIP						]	
TITLE	D				I TITLE				Change	Addition	'	
NAME	MORAN, JOSE MANUEL				22 NAME							
STREET ADDRESS	407 EAST 15TH STREET				2.3 STREET ADDRESS							
CITY-ST-ZIP	HIALEAH FL				4 CITY-ST-ZIP				☐ Change	Addition	┨	
TITLE _	MODAN MIDIAM		Ù pere≀e	3.1 TITLE 3.2 NAM					☐ Change		ł	
NAME STREET ADDRESS	Moran, Miriam 407 East 15th Street					ADDRESS :						
CITY-ST-ZIP	HIALEAH FL					1					1	
TITLE	THE THE		☐ DELETE	3.4. CITY 4.1 TITLE					Change	Addition	1	
NAME			_	4. 2 NAM		į			_ •	_	1	
STREET ADDRESS						ADDRESS						

CITY-ST-ZIP 14. I hereby 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 suppliemental 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, with all other like empowered.

6.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.1 TITLE 5.2 NAME

6.1 TITLE

62 NAME

DELETE

DELETE