

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 # N50151 (2)

1. Corporation Name

ROBERT KING HIGH RESIDENT ASSOCIATION INC.



Principal Place of Business

Mailing Address

C/O POE. ELIZABETH
1401 NORTHWEST 7TH STREET. BLDG. F
MIAMI FL 33125
US

C/O POE. ELIZABETH
1401 NORTHWEST 7TH STREET. BLDG. F
MIAMI FL 33125
US

3. Date Incorporated or Qualified
07/31/1992

3a. Date of Last Report
10/02/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

NOT APPLICABLE

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

Suite, Apt #, etc.

Suite, Apt #, etc.

City & State

City & State

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

OLIVER, MONICA
1401 NW 7TH ST.
BUILDING F
MIAMI FL 33125

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

1/22/96.

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE
NAME VEGA, ENRIQUE
STREET ADDRESS 1403 NORTHWEST 7TH STREET, SUITE 205
CITY-ST-ZIP MIAMI FL 33125

1.1 TITLE D ☐ Change ☒ Addition
1.2 NAME LOPEZ, EMERITA
1.3 STREET ADDRESS 1405 NORTHWEST 7TH STREET, SUITE 817
1.4 CITY-ST-ZIP MIAMI FL 33125

TITLE D ☐ DELETE
NAME OCEGUERA, NARCISO
STREET ADDRESS 1405 N.W. 7TH STREET, STE. 618
CITY-ST-ZIP MIAMI FL 33125

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME PEREZ, RAFAELA
STREET ADDRESS 1403 NORTHWEST 7TH STREET, SUITE 309
CITY-ST-ZIP MIAMI FL 33125

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME GALLEGOS, OLGA
STREET ADDRESS 1405 NORTHWEST 7TH STREET, SUITE 315
CITY-ST-ZIP MIAMI FL 33125

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME CARMINE, MARGARET
STREET ADDRESS 1405 NORTHWEST 7TH STREET, SUITE 512
CITY-ST-ZIP MIAMI FL 33125

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME MOSLEY, FLORENCE
STREET ADDRESS 1403 NORTHWEST 7TH STREET, SUITE 210
CITY-ST-ZIP MIAMI FL 33125

6.1 TITLE ☐ Change ☐ Addition
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.

SIGNATURE:

Signature and typed or printed name of signing officer or director

(305)642-8858

Daytime Phone #

CR2E037 (12/95)