


FILE NOW: FILING FEE IS \$61.25

FILED

Aug 10 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N50151
1. Corporation Name
Robert King High Resident Assoc. Inc.

Principal Place of Business Mailing Address
1401 N.W. 7th. St., Bldg. F **SAME**
Miami, FL. 33125

3. Date Incorporated or Qualified
07/31/92

4. FEI Number
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**

7. Is this nonprofit corporation a homeowners association?
☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business 2a. Mailing Address
21 **C/O Poe, Elizabeth** 26
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **1401 N.W. 7th. st.** 27
City & State City & State
23 **Miami, Florida** 28
Zip Country Zip Country
24 **33125** 25 **USA** 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Aranda, Rosalina	1.2 NAME	Enrique Vega
STREET ADDRESS	1405 N.W. 7 st. ste 220	1.3 STREET ADDRESS	1405 N.W. 7 st. ste. 205
CITY-ST-ZIP	Miami, FL. 33125	1.4 CITY-ST-ZIP	Miami, FL. 33125
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Gomez, Hilda	2.2 NAME	Fleites, Celeste
STREET ADDRESS	1405 N.W. 7 st. ste 1014	2.3 STREET ADDRESS	1405 N.W. 7st. ste. 416
CITY-ST-ZIP	Miami, FL. 33125	2.4 CITY-ST-ZIP	Miami, FL. 33125
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Perez, Olga	3.2 NAME	Palmer, Dolores
STREET ADDRESS	1405 N.W. 7st. ste 725	3.3 STREET ADDRESS	1405 N.W. 7 st. ste. 613
CITY-ST-ZIP	Miami, FL. 33125	3.4 CITY-ST-ZIP	Miami, FL. 33125
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Pabon, Luz	4.2 NAME	Quiroz, Maria
STREET ADDRESS	1405 N.W. 7 st. ste. 408	4.3 STREET ADDRESS	1405 N.W. 7 st. ste. 1125
CITY-ST-ZIP	Miami, FL. 33125	4.4 CITY-ST-ZIP	Miami, FL. 33125
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	Sosa, Graciela
STREET ADDRESS		5.3 STREET ADDRESS	1405 N.W. 7 st. ste 1124
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Miami, FL. 33125
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 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: *Enrique Vega* **Enrique Vega, President** **07/14/98** **(305) 642-8858**

CR2E037 (10/97)