SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 0, 1995.
AMOUNT DUE ON OR BEFORE 8/0/95: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $305)

NONPROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
1995 JUL 20 AM 10:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N94000003783 (7)**

1. Corporation Name
MARINA REAL CONDOMINIUM NO. 3 ASSOCIATION, INC.

Principal Place of Business	Mailing Address
11030 NORTH KENDALL DR. MIAMI FL 33176	11030 NORTH KENDALL DR. MIAMI FL 33176

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/01/1994
3a. Date of Last Report:
4. FEI Number: 65-0558103 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 1414 NW 107 Ave	26 1414 NW 107 Ave
22 Suite, Apt. #, etc. # 115	27 Suite, Apt. #, etc. # 115
23 City & State Miami FL	28 City & State Miami FL
24 Zip 33172 25 Country USA	29 Zip 33172 30 Country USA

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 intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

LEVINE, BRUCE M
5310 N.W. 33RD AVE.
SUITE 119
FORT LAUDERDALE FL 33309

10. Name and Address of Now Registered Agent

81 Name: Sylvia Pique-Alvarez
82 Street Address (P.O. Box Number is Not Acceptable): 1414 N.W. 107 Ave.
83 Suite 115
84 City: Miami FL 85 Zip Code: 33172

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: Sylvia Pique-Alvarez, PROPERTY MANAGER — DATE: 7/14/95
Signature, type 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 IN 12	
TITLE	DP	11 TITLE D/P	Julio Rodriguez ☒ Change ☐ Addition
NAME	CESPEDES, JESSE	12 NAME	
STREET ADDRESS	11030 NORTH KENDALL DR.	13 STREET ADDRESS	1034 N.W. 123 Ct.
CITY-ST-ZIP	MIAMI FL 33176	14 CITY-ST-ZIP	Miami, FL 33182
TITLE	DT	21 TITLE D/T	Daniela Viruet ☒ Change ☐ Addition
NAME	ARAMAYO, ROSA	22 NAME	
STREET ADDRESS	11030 NORTH KENDALL DR.	23 STREET ADDRESS	1032 N.W. 123 Ct.
CITY-ST-ZIP	MIAMI FL 33176	24 CITY-ST-ZIP	Miami, FL 33182
TITLE	DS	31 TITLE D/S	Rosa Alegria ☒ Change ☐ Addition
NAME	HERNANDEZ, SUSANA	32 NAME	
STREET ADDRESS	11030 NORTH KENDALL DR.	33 STREET ADDRESS	1022 N.W. 123 Ct.
CITY-ST-ZIP	MIAMI FL 33176	34 CITY-ST-ZIP	Miami, FL 33182
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

CR2E037 (3/95)

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)(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: X Julio Rodriguez — Julio Rodriguez — 7/14/95 — 305-470-2093
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0000200