

# 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 # N94000003783 (7)**

1. Corporation Name

**MARINA REAL CONDOMINIUM NO. 3 ASSOCIATION, INC.**



Principal Place of Business

Mailing Address

1414 NW 107 AVENUE  
SUITE 115  
MIAMI FL 33172  
US

1414 NW 107 AVENUE  
SUITE 115  
MIAMI FL 33172  
US

3. Date Incorporated or Qualified  
**08/01/1994**

3a. Date of Last Report  
**07/20/1995**

2. Principal Place of Business

2a. Mailing Address

21 1414 NW 107 Ave

26 1414 NW 107 Ave

4. FEI Number

**65-0558103**

Applied For

Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

**\$8.75 Additional Fee Required**

23 City & State

28 City & State

6. Election Campaign Financing  
Trust Fund Contribution

☐

**\$5.00 May Be Added to Fees**

24 Zip

25 Country

29 Zip

30 Country

**33172**

**USA**

**33172**

**USA**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PIQUE-ALVAREZ, SYLVIA  
1414 N.W. 107 AVENUE  
SUITE 115  
MIAMI FL 33172

81 Name

**Pique, Sylvia**

82 Street Address (P.O. Box Number is Not Acceptable)

**1414 NW 107 Ave #110**

83

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 617.0509, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP  
NAME ROSRIGWEZ, LULIO  
STREET ADDRESS 1034 N.W. 123 COURT  
CITY-ST-ZIP MIAMI FL ☐ DELETE

TITLE DT  
NAME VIRUES, DANIELA  
STREET ADDRESS 1032 N.W. 123 COURT  
CITY-ST-ZIP MIAMI FL ☐ DELETE

TITLE DS  
NAME ALEGRIA, ROSA  
STREET ADDRESS 1022 N.W. 123 COURT  
CITY-ST-ZIP MIAMI FL ☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

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

3.1 TITLE ☐ Change ☒ Addition  
3.2 NAME **Sra Zelida Hernandez**  
3.3 STREET ADDRESS **12314 NW 11st #1408**  
3.4 CITY-ST-ZIP **MIAMI FL 33182**

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

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

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

**Sylvia Pique**

**Sylvia Pique**

DATE

**4/2/96**

Daytime Phone #

**477-3666**

CR2E037 (12/95)