FILE NOW: FILING FEE IS \$61:25

NONPROFIT CORPORATION



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

		Secretary of State IN OF CORPORATIONS		
1. Corporat or	MENT # M 9400000 4848 PIA CONDOMINIUM ASSOCIATIO	n , inc.		
Duna and Duna	e of Business Mailing Address			
Principal Piace	•			
555 1	N.E. 15 STREET 12079 S.	W. 131 AVE.		
MIAMI , FL. 33132 MIAMI , FL. 33186			3. Date incorporated or Qualified	3a. Date of Last Report
⊢ ⊸ '	ace of Business 2a. Mailing Addre	ss	4. FEI Number 65 - 05232	86 Applied For Not Applicable
Suite, Apt.	#, etc. Suite, Apt. #, e	etc.		CQ 75 Additional
22	27		Certificate of Status Desired	Fee Required
City & State	28		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country Zip	Country 30	8. This corporation has liability for in	ntangible tax under s. 199.032, Yes No
24	9. Name and Address of Current Registered Agent		10. Name and Address of New Re	
_		81 Name	EFY BX	15HX-67
1	er , Feinstein & Zaretsky	82 Street Ad	dress (P.O. Box Number is Not Acceptab	
555 Miam:		63	13 MIC. 13 31K	661
MICH	1 , FH. 33132	84 City . A	<u> </u>	85 Zip Code
		100	iami FI.	FL 33132
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				
	m familiar with, and accept the obligations of, Section 617.0	BLA 1760 LOW	γ P/D 2.	32.96
SIGNATURE ,	Signature typed syprinter registered agent and title if applicable	(NOTE: Registered Agent signature rec	ADDITIONS/CHANGES TO OFFIC	DATE DIDECTORS IN 10
12.	OFFICERS AND DIRECTORS	ETE 15 DILE	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12 Change Addition Change Addition
NAME	P/D —	12 NAME		37 (
STREET ADDRESS	Bashary , Efy 555 N.E. 15 Street	1 3 STREET ADDRESS) H
CITY-ST-ZIP	Minmi Pl 22122	1.4 CITY - ST - ZIP		T Change Addition C
TITLE	S/D			Change Addition O
NAME STREET ADDRESS	Mayron , Shay	2 2 NAME 2 3 STREET ADDRESS		
C-TY-ST-ZIP	555 N.E. 15 Street	2.4 CITY-ST-ZIP		
TITLE	Miami , Fl. 33132 DEL	ETE 31 TITLE		Change Addition
NAME	T/D	32 NAME		
STREET ADDRESS	Howell , Roland	3 3 STREET ADDRESS		
CITY-ST-ZIP TITLE	555 N.E.15 Street Miami , Fl. 33132	3.4 CITY-ST-ZIP ETE 4.1 TITLE		Change Addition
NAME	Miduit, Fi. 55152	4. 2 NAME		
STREET ADORESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP	80000173 -03706796010	3628
TITLE	DEL		-03706736010 ***61.25	21014Change L_Addition
NAME ADDRESS		5.2 NAME	₹₹01. €3	
STREET ADDRESS CITY - ST - ZIP		5 3 STREET ADDRESS 5 4 CITY-ST-ZIP	1.ml	
TITLE	DEI			Change Addition
NAME		6.2 NAME		
STREET ADDRESS		6 3 STREET ADDRESS		
CITY - ST - ZIP	by certify that the information supplied with this filing is volui	6 4 CITY-ST-ZIP	all for the exemption stated in Ocation	110 07/3 Vk) Florido Statutas I
I 14 I do hore	by contity that the information supplied with this filling is value	nrariiv furnished and does oot o	Uziny for the exemption stated in Section.	I ID UT(O)(K), FIUTIUM DIMIUIES. I

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.

GNATURE:

| SIGNATURE AND TYPED IN RINTED NAME OF SIGNING OFFICER OR DIRECTOR
| Dayline Prone #

SIGNATURE: