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Feb 05 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

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

DOCUMENT # N94000005362 (8)

1. Corporation Name
CRITERION ESTATES HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
216 CATALONIA AVE. STE B CORAL GABLES FL 33134	216 CATALONIA AVE. STE B CORAL GABLES FL 33134

3. Date Incorporated or Qualified: 10/27/1994

4. FEI Number: 65-0554608 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 5760 S. W. 107 St.	26 5760 S.W. 107 St.
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 Miami Fl. [illegible]	28 Miami Fl.
24 Zip 33156 / 25 Country Date	29 Zip 33156 / 30 Country Dade

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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
ROSSO, JORGE L 216 CATALONIA AVE, STE B CORAL GABLES FL 33134	81 Name: Rosso, Jorge L. 82 Street Address (P.O. Box Number is Not Acceptable): 5760 S.W. 107 St. 83 84 City: Miami FL 85 Zip Code: 33156

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 _____ DATE
Signature, typed 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	☐ DELETE	1.1 TITLE	DP	☐ Change ☐ Addition
NAME	ROSSO, JORGE L		1.2 NAME	Rosso, Jorge L.	
STREET ADDRESS	216 CATALONIA AVE, STE B		1.3 STREET ADDRESS	5760 S.W. 107 St.	
CITY-ST-ZIP	CORAL GABLES FL		1.4 CITY-ST-ZIP	Miami Fl. 33156	
TITLE	DT	☐ DELETE	2.1 TITLE	DT	☐ Change ☐ Addition
NAME	RUIZ, MIGUEL A		2.2 NAME	Ruiz Miguel A.	
STREET ADDRESS	216 CATALONIA AVE, STE B		2.3 STREET ADDRESS	216 Catalonia Ave. Ste B	
CITY-ST-ZIP	CORAL GABLES FL		2.4 CITY-ST-ZIP	Coral Gables Fl. 33134	
TITLE	DS	☐ DELETE	3.1 TITLE	DS	☐ Change ☐ Addition
NAME	ROSSO, MARIA T.		3.2 NAME	Rosso. Maria T.	
STREET ADDRESS	216 CATALONIA AVE STE B		3.3 STREET ADDRESS	5760 S.W. 107 St.	
CITY-ST-ZIP	CORAL GABLES FL		3.4 CITY-ST-ZIP	Miami Fl. 33156	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (10/97)

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: [signature] 1-21-98 (305)824-1158