

N95000000343

C. V. Sanchez

Requestor's Name

6627 Tim Lam Trail

Address

Tallahassee, FL 32308

City/State/Zip

(850) 893-7760

Phone #

700002334687--0

-10/31/97--01005--008

Office Use Only *****70.00 *****35.00

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. Pharmed Sub. Ph. Oronos Arsu

(Corporation Name)

(Document #)

2. Pharmed Sub Phare V Comda Arsu

(Corporation Name)

(Document #)

3. _____

(Corporation Name)

(Document #)

4. _____

(Corporation Name)

(Document #)

☒ Walk in

☐ Pick up time _____

☐ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
97 OCT 31 AM 10:00

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

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RAIRO
Change 10/31/97
SP

Examiner's Initials

Florida Department of State, Sandra B. Mortham, Secretary of State

*** FILING FEE: \$35.00 ***

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of Florida submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation is: Pharmed Park Phase V Condominium Association,
Inc.

2. The mailing address of the corporation is: 3075 NW 107 Avenue
Miami, FL 33172

3. Date of incorporation/qualification: January 24, 1995 Document number: N95000000343

4. The name and address of the current registered agent and office:

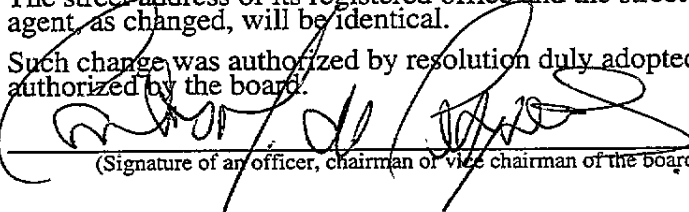
J. Alfredo de Armas
2151 LeJeune Road Suite #201
Coral Gables, FL 33134

5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)

Jorge L. de Cespedes
3075 NW 107 Avenue
Miami, FL 33172

The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.


(Signature of an officer, chairman or vice chairman of the board)

10/29/97
(Date)

Carlos M. de Cespedes, President
(Printed or typed name and title)

10/29/97
(Date)

Having been named as registered agent and to accept service of process for the above stated corporation, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.


(Signature of Registered Agent)

10/29/97
(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

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