

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 # **N95000003873 (5)**

1. Corporation Name

3375/3377 SW 29 STREET CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

Mailing Address

**2100 PONCE DE LEON BLVD., STE. 1170
CORAL GABLES FL 33134**

**2100 PONCE DE LEON BLVD., STE. 1170
CORAL GABLES FL 33134**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.
22 City & State
23 Zip Country
24

26 Suite, Apt. #, etc.
27 City & State
28 Zip Country
29 30

3. Date Incorporated or Qualified
08/14/1995

3a. Date of Last Report

4. FEI Number

Applied For
Not Applicable

5. Certificate of Status Desired

**\$6.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

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

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

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

**ALONSO-POCH, MANUEL
2100 PONCE DE LEON BLVD., STE. 1170
CORAL GABLES FL 33134**

81 Name

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

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and the applicable

(Print) Registered Agent signature and applicable

7/22/96

12. OFFICERS AND DIRECTORS

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	☐ DELETE
NAME	ALONSO-POCH, MANUEL	
STREET ADDRESS	2100 PONCE DE LEON BLVD., STE. 1170	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	D	☐ DELETE
NAME	ALONSO, MANUEL	
STREET ADDRESS	2817 SW 37 CT.	
CITY-ST-ZIP	MIAMI FL 33134	
TITLE	D	☐ DELETE
NAME	ALONSO III, MANUEL	
STREET ADDRESS	5301 SW 62ND AVE.	
CITY-ST-ZIP	MIAMI FL 33155	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 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 power 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 in an attachment with an address.

SIGNATURE:

Manuel Alonso Poch, President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/22/96 (305) 418-4053
Date and Phone Number

CR2E037 (12/95)