

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$1,250. DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.

FILED
Jul 08 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N96000001217 (6)

1. Corporation Name

A TOUCH OF GLASS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

635 WEST 68TH ST
HIALEAH FL 33014
US

635 WEST 68TH ST.
HIALEAH FL 33014
US

3. Date Incorporated or Qualified

03/04/1996

4. FEI Number

65-0713928

Applied For

Not Applicable

2. Principal Place of Business

21 633 WEST 68 ST

2a. Mailing Address

26 633 W 68 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 HIALEAH FL

City & State

28 HIALEAH FL

Zip

24 33014

Country

25 USA

Zip

29

Country

30 USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

GONZALEZ, JAMES
635 WEST 68TH ST.
HIALEAH FL 33014

10. Name and Address of New Registered Agent

81 Name

SAME

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

633 W 68 ST

83

84 City

HIALEAH

FL

85 Zip Code

33014

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

JAMES GONZALEZ

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

(NOTE: Registered Agent signature required when reinstating)

DATE

7-1-98

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME GONZALEZ, JAMES

STREET ADDRESS 635 WEST 68TH ST

CITY-ST-ZIP HIALEAH FL

TITLE TD ☐ DELETE

NAME CARRANZA, RICARDO J

STREET ADDRESS 627 WEST 68TH ST

CITY-ST-ZIP HIALEAH FL

TITLE SD ☐ DELETE

NAME GONZALEZ, MIGDALIA

STREET ADDRESS 635 WEST 68TH ST

CITY-ST-ZIP HIALEAH FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

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 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:

JAMES GONZALEZ
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7-1-98 305 824-8644

CR2E037 (5/98)