

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997  
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Northam,**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Sep 02 1997 8:00am  
Secretary of State

DOCUMENT # **N96000001700 (1)**

1. Corporation Name

**PHARMED PARK, PHASE III, CONDOMINIUM ASSOCIATION  
, INC.**

Principal Place of Business

Mailing Address

**3061 N.W. 107 AVENUE  
MIAMI FL 33172**

**3061 N.W. 107 AVENUE  
MIAMI FL 33172**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**03/29/1996**

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FONSECA, OSCAR D  
3061 N.W. 107 AVENUE  
MIAMI FL 33172**

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DIRECTOR & TRUSTEE & PRESIDENT**  
NAME **Oscar D. Fonseca**  
STREET ADDRESS **3061 N.W. 107 AVE.**  
CITY-ST-ZIP **Miami, FL 33172**

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE **DIRECTOR & TRUSTEE & TREASURER**  
NAME **Beatriz Fonseca**  
STREET ADDRESS **3061 N.W. 107 Ave.**  
CITY-ST-ZIP **Miami, FL 33172**

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE **DIRECTOR & TRUSTEE**  
NAME **Hector A. Martinez**  
STREET ADDRESS **10852 N. Kendall Dr. Ste 2-121**  
CITY-ST-ZIP **Miami, FL 33176**

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE **DIRECTOR & TRUSTEE**  
NAME **Hector A. Martinez**  
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CITY-ST-ZIP **Miami, FL 33176**

4.1 TITLE  
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☐ Change ☐ Addition

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6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I do 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 REQUIRED

CR2E037 (4/97)