

FILE NOW: FILING FEE IS \$61.25

FILED  
Jul 18 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000005372 (5)**

1. Corporation Name

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

Principal Place of Business

Mailing Address

**255 UNIVERSITY DRIVE  
CORAL GABLES FL 33134**

**255 UNIVERSITY DRIVE  
CORAL GABLES FL 33134-6733**



2. Principal Place of Business		2a. Mailing Address	
21 <b>3063 N.W. 107th Ave</b>	26 <b>3063 N.W. 107th Ave</b>		
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.	
23 City & State <b>MIAMI FL</b>		28 City & State <b>MIAMI FL</b>	
24 Zip <b>33172</b>	25 Country <b>DADE</b>	29 Zip <b>33172</b>	30 Country <b>DADE</b>

3. Date Incorporated or Qualified  
**10/18/1996**

3a. Date of Last Report

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** 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

9. Name and Address of Current Registered Agent

**DE ARMAS, J A  
255 UNIVERSITY DRIVE  
CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent

81 Name

**Aida Biele & Assoc.**

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

83

**2701 Lejeune Rd. Ste 300**

84 City

**MIAMI**

**FL**

85 Zip Code

**33134**

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

*Aida Biele*

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

(NOTE: Registered Agent's signature required when reinstating)

DATE

**06/30/97**

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>FERNANDEZ, MANUEL R</b>	
STREET ADDRESS	<b>255 UNIVERSITY DRIVE</b>	
CITY-ST-ZIP	<b>CORAL GABLES FL 33134</b>	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>Secretary Director</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>James Lee Kaplan</b>	
1.3 STREET ADDRESS	<b>3063 N.W. 107th Ave.</b>	
1.4 CITY-ST-ZIP	<b>MIAMI FL 33172</b>	

2.1 TITLE	<b>Director</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>Nicolaas C. Hofman</b>	
2.3 STREET ADDRESS	<b>3063 N.W. 107th Ave.</b>	
2.4 CITY-ST-ZIP	<b>Miami FL 33172</b>	

3.1 TITLE	<b>Director</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>Nicolaas T. Hofman</b>	
3.3 STREET ADDRESS	<b>3063 N.W. 107th Ave.</b>	
3.4 CITY-ST-ZIP	<b>Miami FL 33172</b>	

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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:

*James Lee Kaplan* DIRECTOR

**04/30/97**

**(305) 477-0112**

CR2E037 (9/96)