


FILE NOW: FILING FEE IS \$61.25

FILED

May 11 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000006083 (7)**

1. Corporation Name

COMMON GROUNDS OF MIAMI BEACH, INC.

Principal Place of Business

Mailing Address

**420 LINCOLN RD. SUITE 330
MIAMI BEACH FL 33139**

**420 LINCOLN RD. SUITE 330
MIAMI BEACH FL 33139**

2. Principal Place of Business

2a. Mailing Address

21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country
25		30	

3. Date Incorporated or Qualified

12/02/1996

4. FEI Number

65-0760984

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**

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

10. Name and Address of New Registered Agent

**CALCERRADA, MARIA B
420 LINCOLN RD, SUITE 330
MIAMI BEACH FL 33139**

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 ☐ DELETE

TITLE	PD	<input type="checkbox"/> DELETE
NAME	LIERANDI, ADA M	
STREET ADDRESS	420 LINCOLN RD, SUITE 330	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	CALCERRADA, MARIA B	
STREET ADDRESS	420 LINCOLN RD, SUITE 330	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ROS, ROSARIO O	
STREET ADDRESS	420 LINCOLN RD, SUITE 330	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE		<input type="checkbox"/> DELETE
NAME		
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 ☐ Change ☐ Addition

1.1 TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	MARIA B. CALCERRADA	
1.3 STREET ADDRESS	420 LINCOLN RD. # 330	
1.4 CITY-ST-ZIP	MIAMI BEACH, FL 33139	
2.1 TITLE	STD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	ADA LLERANDI	
2.3 STREET ADDRESS	420 LINCOLN RD # 330	
2.4 CITY-ST-ZIP	MIAMI BEACH, FL 33139	
3.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	ROSARIO ROS	
3.3 STREET ADDRESS	420 LINCOLN RD # 330	
3.4 CITY-ST-ZIP	MIAMI BEACH, FL 33139	
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 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:

Maria B. Calcerrada

MARIA B. CALCERRADA 4-17-98

(305) 635-3008

CR2E037 (10/97)