

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Apr 07, 1999 8:00 am**  
**Secretary of State**

04-07-1999 90088 010 \*\*\*\*61.25

**DOCUMENT # N97000000942**

1. Corporation Name

**REX SOUTH CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

1925 BRICKELL AVE  
SUITE D-206  
MIAMI FL 33129

Mailing Address

1925 BRICKELL AVE  
SUITE D-206  
MIAMI FL 33129



2. Principal Place of Business

2a. Mailing Address

3. Date incorporated or Qualified

02/17/1997

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEJ Number

65-0821636

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing  
Trust Fund Contribution ☐

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

24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BESU, ROGER ESQ**  
**1925 BRICKELL AVE**  
**SUITE D-206**  
**MIAMI FL 33129**

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 ☐ DELETE  
NAME **PTD ROVER, LUIS O**  
STREET ADDRESS **9737 NW 41ST ST. STE 343**  
CITY-ST-ZIP **MIAMI FL 33178**

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

TITLE ☐ DELETE  
NAME **VD MIZRAJI, DANIEL H**  
STREET ADDRESS **9737 NW 41ST ST. STE 343**  
CITY-ST-ZIP **MIAMI FL 33178**

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

TITLE ☒ DELETE  
NAME **SD ALVAREZ, ALBERTO**  
STREET ADDRESS **9737 NW 41ST ST. STE 343**  
CITY-ST-ZIP **MIAMI FL 33178**

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME **SECRETARY**  
4.3 STREET ADDRESS **FIAMBERTI, MARIANA ANDREA**  
4.4 CITY-ST-ZIP **9737 NW 41 St., Ste 343**  
**Miami FL 33178**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
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, with all other like empowered.

SIGNATURE: **Laurence** **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305-846363

4-1-99

Date

Daytime Phone #

CR2E037 (11/98)