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Apr 15 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N97000002455 (0)**

1. Corporation Name

TAMIAMI OFFICE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**700 SW 36TH AVE
MIAMI FL 33135**

**700 SW 36TH AVE
MIAMI FL 33135**

3. Date Incorporated or Qualified

05/01/1997

4. FEI Number

☒ Applied For
☐ Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 3663 SW 8 Street

26 ATTN: MIRIAM GOMEZ

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27 P.O. Box 441900

City & State

City & State

23 MIAMI, FL

28 MIAMI, FL

Zip

Country

Zip

Country

24 33135

25 USA

29 33144

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**TORRES DE NAVARRA, CARLOS M
700 SW 36TH AVE
MIAMI FL 33135**

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 **PD** ☐ DELETE
NAME **SANTIAGO, GRANJA**
STREET ADDRESS **1432 BRICKELL AVE**
CITY - ST - ZIP **MIAMI FL 33135**

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

TITLE **VD** ☐ DELETE
NAME **TORRES DE NAVARRA, CARLOS**
STREET ADDRESS **700 SW 36TH AVE**
CITY - ST - ZIP **MIAMI FL 33135**

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

TITLE **SD** ☐ DELETE
NAME **VALLS, FELIPE A SR**
STREET ADDRESS **700 SW 36TH AVE**
CITY - ST - ZIP **MIAMI FL 33135**

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

TITLE **TD** ☐ DELETE
NAME **GOMEZ, MIRIAM**
STREET ADDRESS **1432 BRICKELL AVE**
CITY - ST - ZIP **MIAMI FL 33131**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

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.

SIGNATURE: **Carlos Torres de Navarra** Vice President **2/12/98 (305) 446 4916**

CR2E037 (10/97)