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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # N97000002455

1. Corporation Name

TAMIAMI OFFICE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

3663 SW 8TH STREET
MIAMI FL 33135
US

Mailing Address

AATN: MIRIAM GOMEZ
P.O. BOX 441900
MIAMI FL 33144
US

1 4 7 4 2 2 7 9 0 1 1 5 2 1 0 2



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

05/01/1997

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

APPLIED FOR 65-0826341

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

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 *TORRES DE NAVARRA, CARLOS M.*
82 Street Address (P.O. Box Number is Not Acceptable)
3663 SW 8th Street
83 *Penthouse*
84 City *MIAMI* FL 85 Zip Code *33135*

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
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

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

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

☒ Change ☐ Addition

Address only

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

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

☒ Change ☐ Addition

Address only

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

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

☐ Change ☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

☐ Change ☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-11-99 (805) 665-5368

CR2E037 (1/98)