**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
99 NOV -8 AM 11:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N97000005566**

1. Corporation Name
**GABRIELLA CONDOMINIUM SOUTH ASSOCIATION, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| ~~15185 NW 77 AVENUE~~<br>~~SUITE 1002~~<br>~~MIAMI FL 33014~~<br>~~US~~ | ~~15185 NW 77 AVENUE~~<br>~~SUITE 1002~~<br>~~MIAMI FL 33014~~<br>~~US~~ |

| 2. Principal Place of Business | 2a. Mailing Address | 3. Date Incorporated or Qualified |
|---|---|---|
| 21 7616 NW 182 Lane | 26 P.O. Box 440067 | 09/30/1997 |
| Suite, Apt. #, etc.<br>22 1 | Suite, Apt. #, etc.<br>27 | 4. FEI Number<br>65-0852469 ☐ Applied For ☐ Not Applicable |
| City & State<br>23 Miami FL 33015 | City & State<br>28 Miami, FL 33144 | 5. Certificate of Status Desired ☐ $8.75 Additional Fee Required |
| Zip 24 Country 25 | Zip 29 Country 30 | 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 |
|---|---|
| ~~PANDO, DOMINGO~~<br>~~15185 NW 77 AVENUE~~<br>~~SUITE 1002~~<br>~~MIAMI FL 33014~~ | 81 Name: Jimmy Soto<br>82 Street Address (P.O. Box Number is Not Acceptable): 943 SW 87 Avenue<br>83<br>84 City: Miami, FL FL 85 Zip Code: 33174 |

11. Pursuant to the provisions of Section 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: X [signature] 98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE: October 19, 1999

| 12 OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|---|
| TITLE | PTD | ☒ DELETE | 1.1 TITLE | P/D X |
| NAME | ~~PANDO, DOMINGO~~ | | 1.2 NAME | Jimmy Soto |
| STREET ADDRESS | ~~15185 NW 77 AVENUE SUITE 1002~~ | | 1.3 STREET ADDRESS | 7616 NW 182 Terrace |
| CITY-ST-ZIP | ~~MIAMI FL 33014~~ | | 1.4 CITY-ST-ZIP | Miami, FL 33015 |
| TITLE | ~~VSD~~ | ☒ DELETE | 2.1 TITLE | S/D X |
| NAME | ~~PANDO, EMILIO~~ | | 2.2 NAME | Altagracia Rodriguez |
| STREET ADDRESS | ~~15185 NW 77 AVENUE SUITE 1002~~ | | 2.3 STREET ADDRESS | 7674 NW 182 Lane |
| CITY-ST-ZIP | ~~MIAMI FL 33014~~ | | 2.4 CITY-ST-ZIP | Miami, FL 33015 |
| TITLE | ~~VP~~ | ☒ DELETE | 3.1 TITLE | T/D X |
| NAME | ~~PANDO, DOMINGO~~ | | 3.2 NAME | Petronila Mendoza |
| STREET ADDRESS | ~~15185 NW 77 AVENUE SUITE 1002~~ | | 3.3 STREET ADDRESS | 7634 NW 182 Lane |
| CITY-ST-ZIP | ~~MIAMI FL 33014~~ | | 3.4 CITY-ST-ZIP | Miami, FL 33015 |
| TITLE | | ☐ DELETE | 4.1 TITLE | ☐ Change ☐ Addition |
| NAME | | | 4.2 NAME | 200003045952--1 |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | -11/16/99--01078--001 |
| CITY-ST-ZIP | | | 4.4 CITY-ST-ZIP | *****61.25 *****61.25 |
| TITLE | | ☐ DELETE | 5.1 TITLE | ☐ Change ☐ Addition |
| NAME | | | 5.2 NAME | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | | 5.4 CITY-ST-ZIP | |
| TITLE | | ☐ DELETE | 6.1 TITLE | ☐ Change ☐ Addition |
| NAME | | | 6.2 NAME | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | | 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: X [signature] 10/19/99 (305)266-8084
Typed or printed name of signing officer or director — Date — Daytime Phone #

CR2E037 (11/98)
KE