


FILED
Aug 18, 1999 8:00 am
Secretary of State

08-18-1999 90006 028 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N98000001176					
1. Corporation Name PMC CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 2261 WEST 52ND STREET HIALEAH FL 33016			Mailing Address 12263 SOUTHWEST 132ND COURT MIAMI FL 33186		

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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country		3. Date Incorporated or Qualified 02/27/1998	
4. FEI Number 65-0853635		Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		Trust Fund Contribution <input type="checkbox"/>			

9. Name and Address of Current Registered Agent AMERILAWYER 343 ALMERIA AVENUE CORAL GABLES FL 33134				10. Name and Address of New Registered Agent 81 Name MARTIN J. HERNANDEZ 82 Street Address (P.O. Box Number is Not Acceptable) Box Property Services 83 12263 SW 132nd COURT 84 City Miami FL 85 Zip Code 33186			
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 MARTIN J. HERNANDEZ DATE 7/15/99 <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature is required when terminating))</small>							

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	FERNANDEZ, MARTINA		1.2 NAME				
STREET ADDRESS	2261 WEST 52ND STREET		1.3 STREET ADDRESS				
CITY-ST-ZIP	HIALEAH FL 33016		1.4 CITY-ST-ZIP				
TITLE	VD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition		
NAME	FERNANDEZ, MARTA		2.2 NAME				
STREET ADDRESS	2261 WEST 52ND STREET		2.3 STREET ADDRESS				
CITY-ST-ZIP	HIALEAH FL 33016		2.4 CITY-ST-ZIP				
TITLE	STD	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	LAZO, NANCY		3.2 NAME				
STREET ADDRESS	2261 WEST 52ND STREET		3.3 STREET ADDRESS				
CITY-ST-ZIP	HIALEAH FL 33016		3.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME			4.2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP			4.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> 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 unchanged, or on an attachment with an address, with all other like empowered.

SIGNATURE: **MARTINA FERNANDEZ** DATE: **7/15/99** (305) 253-4336
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (5/99)