NONPROFIT CORPORATION ANNUAL REPORT

2000



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # N99

Principal Place of Business

LE JEUNE COMMERCIAL CENTER ASSOCIATION, INC.

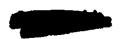
CONDOMINIUM



Mailing Address

FILED Jun 21, 2000 8:00 am Secretary of State

03-22-2000 90090 010 ****70.00



C/O M	IAMI MANAGEMENT,	INC.	C/O MIAMI	MAN 1	AGEME	NT, INC.			
14275 SW 142 AVENUE 14275 SW				142 Avenue		e			
MIAMI FL 33186			Miami FL 33186				•		
<u> </u>			ing Address				3. Date Incorporated or Qualifed		
26							01/12/99		
Suite, Apt.	. #, etc.	Suite	e, Apt. #, etc.			4. FEI Number (25 - 10)	4503 A	pplied For	
·-i	<u> </u>	27	1			-N9 900 0000 17 9		ot Applicable	
City & State City			& State			5. Certificate of Status Desired	5. Certificate of Status Desired		
Zip –	Country Zlp			Country		6. Election Campaign Financing	_ \$5.00	May Be	
أعم	25	29	30			Trust Fund Contribution		Added to Fees	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent					
mprav	CARLOS		1	81	Name		-		
TRIAY, CARLOS A.				82 Street Addre		ss (P.O. Box Number is Not Acceptable)			
999 Ponce De Leon Blvd. Suite 1110			·	· Suber Augus		nuress (r o. box nomber is not nuceptable	ic)]	
				83		***************************************			
Coral	Gables FL 33143			<u> </u>			T 1 1		
)	84	City		FL 85 Zip	Code	
11. Pursuant	to the provisions of Sections 617.0502	and 617.15	08, Florida Statutes	, the above	a-named co	rporation submits this statement for the pu	rpose of changing its	registered	
office or n	egistered agent, or both, in the State of m familiar with, and accept the obligatio	Florida, Su	ch change was auti	nonized by	the corpora	tion's board of directors. I hereby accept t	the appointment as re	egistered	
	in terminal widt, and accept the congano	113 01, 0041)	d Gilliano	' .		: ,,,,	I	
SIGNATURE	Signature, typed or printed name of registered agent a	nd IIIIe if applica	thie. (NOTE: RI	egistered Ager	i signature requi	ired when (Hinstaking)	DATE		
12.	OFFICERS AND	DIRECTOR	RS	13.		ADDITIONS/CHANGES TO OFFIC	CERS AND DIRECTO	ORS IN 12	
TITLE T	PD .	_	DELETE	1.1 TITLE			Change	Addition	
NAME	MCDADE, SHIRLEEN		1.2 NAME						
STREET ADORESS	13091 NW 43RD AVE	i	1.3 STREET	ADDRESS			ľ		
CITY-ST-ZIP	OPA LOCKA, FL 330	154		1.4 CTY-5	r-zip	<u> </u>			
TITLE	SD		DELETE	2.1 TITLE			Change	☐ Addition	
NAME	WELLMAN, LINDA	1	22 NAME				1		
STREET ADDRESS	13091 NW 43RD AVE	{	2.3 STREET	ADDRESS			į		
CITY-SY-ZIP	MIAMI FL 33054		1	2.4CITY-S	T-ZIP				
TITLE	TD	٠ ــــ	DELETE.	3,1,117LE .			Change	Addition	
NAME	CASTELLANOS, HECT	OP N		32 NAME	į	•			
STREET ADDRESS	13091 NW 43RD AVE		")	3.3 STREET	ADDRESS			J	
CITY-ST-ZIP	MIAMI FL 33054	NOE	Ì	34 CITY-S	T-ZIP				
TITLE			DELETE	4.1 TITLE			☐ Change	Addition	
NAME			1	4.2 NAME				İ	
STREET ADORESS			į	4.3 STREET	ADDRESS				
ar. st ze			[4.4 CTY-51	-ZIP				
111LE			DELETE	5.1 TILE		•	☐ Change	Addition	
_				52 NAME		•	<u>~</u>	1	
STREET ADDRESS] .	5.3 STREET	ADDRESS			- 1	
:::: \$1-2P			\	SACITY-ST	- ZIP	`			
HITE T			DELETE	6.1 TITLE	3		☐ Change	Addition	
_				6.2 NAME				ļ	
THEE! AUDINESS				6.3 STREET	ADDRESS			Į.	
				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 comporation 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 chapters, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Shirleen McDade, Pres.

03/08/00 305-378-0130