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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # P9300046480 (8)
PENNSYLVANIA AVENUE APARTMENTS CORPORATION

FILED May 08 1997 8:00am Secretary of State



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Principal Pla	ce of Business	Mailing Address			1 10411.401.411.15155.1111.1.44	#4:1: ##::: ##	+	
2701 LE JEUNE RD SUITE 350 CORAL GABLES FL 33134		2701 LE JEUNE RD SUITE 350 CORAL GABLES FL 33134-5821						
					3. Date Incorporated or 0 07/01/1993	Qualified	3a. Date of Last I 04/29/1996	Report
2. Principal Place of Business		<u></u>	2e. Mailing Address 26				pplied For lot Applicable	
Suite, Apt	#, etc.	Suite, Apt. #, e	tc.				_ ¢0.75	Additional
22		27			5. Certificate of Status De	esired [lequired
City & Sta	ate	City & State			Election Campaign Fin Trust Fund Contribution			May Be to Fees
Zip	Country	Zip	Cou	atry	8. This corporation has li		-	s. 199.032,
24]	25	29	30		Florida Statutes	[] Y	<u> </u>	
	g. Name and Address of Cu	rrent Registered Agent		21	10. Name and Address of	I New Regis	tered Agent	
	OLIVEIRA, CRISTINA ESQ			81 Name				
	01 LE JEUNE RD		ľ	B2 Street Add	ress (P.O. Box Number is Not	Acceptable)	······	
	ITE 350			B3				
CC	ORAL GABLES FL 33134			B3				
			Ì	84 City			FL 85 Zip	Code
	10-11-007	0500 J 007 4500 Fix-d-			and the second second	t for the constant		ita an ainteana
office or agent 1	t to the provisions of Sections 607 registered agent, or both, in the S am familiar with, and accept the o	state of Florida. Such chang bligations of, Section 607.0	e was authorized 505, Florida Stati	by the corpora	ition's board of directors, I her	eby accept the	ne appointment a	s registered
-								
SIGNATURE	Shor abuse Typed or printed name of registere	d agent and little if applicable	(NOTE: Registered	Agent signature requ	aired when reinstaling)		DATE	
	Signature Typed or printed name of registere	d agent and little if applicable AND DIRECTORS	(NOTE: Registered	Agent signature requ	aired when reinstaling) ADDITIONS/CHANGES			RS IN 12
SIGNATURE	Signature Typed or printed name of registers OFFICERS		13.					
SIGNATURE	Stip above bytest or prived name of registre OFFICERS OP MESA, RAUDEL	AND DIRECTORS	13.	LE			S AND DIRECTO	
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4. I do 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 eath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chanced option an attachment with an address.

SIGNATURE:

ATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

Renaldo Masa DST Abora 662674

CR2E034 (9/