

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



**FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS**

**APPROVED
AND
FILED**

95 MAR 23 AM 10:18

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # S60270 (3)

1. Corporation Name

CONDOMINIUM BUILDERS OF FLORIDA, INC.

Principal Place of Business

**200 SOUTH BISCAYNE BLVD.
SUITE 4750
MIAMI FL 33131**

Mailing Address

**200 SOUTH BISCAYNE BLVD.
SUITE 4750
MIAMI FL 33131**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

06/18/1991

3a. Date of Last Report

03/08/1994

4. FEI Number

65-0276648

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

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

29

Zip

30

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SOUTH FLORIDA RESIDENT AGENTS INC
200 S. BISCAYNE BLVD
STE 4750
MIAMI FL 33131**

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

FL

85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reconstituting)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	SALANT, RUBIN
STREET ADDRESS	1700 WESTLAKE AVENUE N.
CITY-ST-ZIP	SEATTLE WA
TITLE	D
NAME	MORA, ENRIQUE P.
STREET ADDRESS	1700 WESTLAKE AVENUE N.
CITY-ST-ZIP	SEATTLE WA
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12:

1. TITLE	☒ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	180 NICKERSON ST SUITE 211
14 CITY-ST-ZIP	SEATTLE, WA 98109-1631
21 TITLE	☒ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	180 NICKERSON ST SUITE 211
24 CITY-ST-ZIP	SEATTLE, WA 98109-1631
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/7/95 (206) 284-9971