

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **V55133 (5)**

1. Corporation Name
KEYNA CONDO, INC.



Principal Place of Business: **% MURAI WALD BIONDO & MORENO PA 25 SE 2ND AVE 900 INGRAHAM BLDG MIAMI FL 33131**
Mailing Address: **% MURAI WALD BIONDO & MORENO PA 25 SE 2ND AVE 900 INGRAHAM BLDG MIAMI FL 33131**

3. Date Incorporated or Qualified: **08/04/1992**
3a. Date of Last Report: **03/16/1995**
4. FEI Number: **65-0360231**
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. **2299 Douglas Road** 22. **4th Floor** 23. **Miami, FL** 24. **33145** 25. **USA**
2a. Mailing Address: 26. **2299 Douglas Road** 27. **4th Floor** 28. **Miami, FL** 29. **33145** 30. **USA**

9. Name and Address of Current Registered Agent
**MURAI WALD BIONDO & MORENO PA
25 SE 2ND AVE
900 INGRAHAM BLDG
MIAMI FL 33131**

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code: **FL**

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: _____ DATE: _____
Signature based on printed name of registered agent and, if applicable, (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOSA, ALEJANDRO	2. NAME	
STREET ADDRESS	2299 DOUGLAS RD 4TH FL	3. STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	4. CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOSA, ANA GISELA	6. NAME	
STREET ADDRESS	2299 DOUGLAS RD 4TH FL	7. STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	8. CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		10. NAME	
STREET ADDRESS		11. STREET ADDRESS	
CITY - ST - ZIP		12. CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		14. NAME	
STREET ADDRESS		15. STREET ADDRESS	
CITY - ST - ZIP		16. CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		18. NAME	
STREET ADDRESS		19. STREET ADDRESS	
CITY - ST - ZIP		20. 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)(k), 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 addendum.

SIGNATURE: *[Signature]* **PRESIDENT 3/1/96 (305) 443-2508**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #

CR2E034 (12/95)