

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **762469 (5)**  
1. Corporation Name  
**CENTRAL COMMERCIAL CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business: 2573 NW 74 AVENUE MIAMI FL 33122  
Mailing Address: 2573 NW 74 AVENUE MIAMI FL 33122

3. Date Incorporated or Qualified: **03/17/1982**  
3a. Date of Last Report: **04/20/1995**  
4. FEI Number: **59-2205863**  
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  
2a. Mailing Address: 26  
Suite, Apt. #, etc.: 22  
City & State: 23  
Zip: 24 Country: 25  
City & State: 27  
Zip: 28 Country: 29

9. Name and Address of Current Registered Agent  
**PAYNE, MARGARET**  
**2573 N.W. 74TH AVE.**  
**MIAMI FL 33122**

10. Name and Address of New Registered Agent  
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 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

12. OFFICERS AND DIRECTORS		
TITLE	<b>P</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>STACHL, JOHN</b>	
STREET ADDRESS	<b>2525 NW 74 AVE</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>BANCHS, SMILIO</b>	
STREET ADDRESS	<b>2513 NW 74 AVE</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> DELETE
NAME	<b>DELRIO PEREZ, LAURA</b>	
STREET ADDRESS	<b>2582 NW 74 AVENUE</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> DELETE
NAME	<b>PAYNE, MARGARET</b>	
STREET ADDRESS	<b>2573 NW 74TH AVE.</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>SANTI, MAYRA</b>	
STREET ADDRESS	<b>2541 NW 74 AVE</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	<b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>FORTELL, EDDY</b>	
1.3 STREET ADDRESS	<b>2521 N.W. 74 AVE</b>	
1.4 CITY-ST-ZIP	<b>MIAMI FLA</b>	
2.1 TITLE	<b>V.P.</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>GRAMATGES ROBERTO</b>	
2.3 STREET ADDRESS	<b>2529 N.W. 74 Ave.</b>	
2.4 CITY-ST-ZIP	<b>MIAMI FLA.</b>	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>ELIAS, GUIDO</b>	
5.3 STREET ADDRESS	<b>2561 N.W. 74 AVE</b>	
5.4 CITY-ST-ZIP	<b>MIAMI, FL.</b>	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Margaret Payne - Treasurer* April 12, 1996 305-593-9470  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)