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Secretary of State

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NONPROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 762469

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/17/1982	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2205863	
22		27		Applied For <input type="checkbox"/> Not Applicable	
23		28		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24		29		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25		30			

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	85	Zip Code
82	Street Address (P.O. Box Number is Not Acceptable)		
83			
84	City	FL	

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input checked="" type="checkbox"/> DELETE	1.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRAMATEGES, ROBERTO	1.2 NAME	MARTINS, ADELINO
STREET ADDRESS	2529 N.W. 74TH AVENUE	1.3 STREET ADDRESS	2557 N.W. 74th AVENUE
CITY-ST-ZIP	MIAMI FL 33122	1.4 CITY-ST-ZIP	MIAMI, FL 33122
TITLE	VP <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTINS, ADELINO	2.2 NAME	MIRANDA, NESTOR
STREET ADDRESS	2557 N.W. 74TH AVENUE	2.3 STREET ADDRESS	2533 N.W. 74th AVE.
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	MIRMI? FLA. 33122
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DELRIO PEREZ, LAURA	3.2 NAME	
STREET ADDRESS	2582 NW 74 AVENUE	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	
TITLE	TD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAYNE, MARGARET	4.2 NAME	GRAMATEGES, ROBERTO
STREET ADDRESS	2573 NW 74TH AVE.	4.3 STREET ADDRESS	2529 N.W. 74th AVE.
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	MIAMI, FLA. 33122
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MIRANDA, NESTOR	5.2 NAME	PAYNE, MARGARET
STREET ADDRESS	2533 N.W. 74TH AVENUE	5.3 STREET ADDRESS	2573 N.W. 74th AVE.
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	MIAMI, FL. 33122
TITLE	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 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, with all other like empowered.

SIGNATURE: *[Signature]* **REQUIRE**

4/12/99 (305)594-9060

SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1198)