

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Apr 15, 1999 8:00 am**  
**Secretary of State**

04-15-1999 90104 013 \*\*\*\*61.25

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

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>PAYNE, MARGARET</b> <b>2573 N.W. 74TH AVE.</b> <b>MIAMI FL 33122</b>				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	<b>FL</b>	85

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<b>P</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GRAMATEGES, ROBERTO</b>	1.2 NAME	<b>MARTINS, ADELINO</b>
STREET ADDRESS	<b>2529 N.W. 74TH AVENUE</b>	1.3 STREET ADDRESS	<b>2557 N.W. 74th AVENUE</b>
CITY-ST-ZIP	<b>MIAMI FL 33122</b>	1.4 CITY-ST-ZIP	<b>MIAMI, FL 33122</b>
TITLE	<b>VP</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<b>VP</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MARTINS, ADELINO</b>	2.2 NAME	<b>MIRANDA, NESTOR</b>
STREET ADDRESS	<b>2557 N.W. 74TH AVENUE</b>	2.3 STREET ADDRESS	<b>2533 N.W. 74th AVE.</b>
CITY-ST-ZIP	<b>MIAMI FL</b>	2.4 CITY-ST-ZIP	<b>MIRMI? FLA. 33122</b>
TITLE	<b>SD</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DELRIO PEREZ, LAURA</b>	3.2 NAME	
STREET ADDRESS	<b>2582 NW 74 AVENUE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>TD</b> <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<b>TD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PAYNE, MARGARET</b>	4.2 NAME	<b>GRAMATEGES, ROBERTO</b>
STREET ADDRESS	<b>2573 NW 74TH AVE.</b>	4.3 STREET ADDRESS	<b>2529 N.W. 74th AVE.</b>
CITY-ST-ZIP	<b>MIAMI FL</b>	4.4 CITY-ST-ZIP	<b>MIAMI, FLA. 33122</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MIRANDA, NESTOR</b>	5.2 NAME	<b>PAYNE, MARGARET</b>
STREET ADDRESS	<b>2533 N.W. 74TH AVENUE</b>	5.3 STREET ADDRESS	<b>2573 N.W. 74th AVE.</b>
CITY-ST-ZIP	<b>MIAMI FL</b>	5.4 CITY-ST-ZIP	<b>MIAMI, FL. 33122</b>
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]* **NOT REQUIRED** Date: **4/12/99** Daytime Phone #: **(305) 594-9060**

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