

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 707746 (4)

1. Corporation Name  
**LINCOLN PLAZA CONDOMINIUM, INC.**



Principal Place of Business: 1400 LINCOLN ROAD MIAMI BEACH FL 33139  
Mailing Address: 1400 LINCOLN ROAD MIAMI BEACH FL 33139

3. Date Incorporated or Qualified: 08/25/1964  
3a. Date of Last Report: 09/22/1995  
4. FEI Number: 59-1140434  
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, 22, 23, 24  
2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent  
**RAMIREZ, FRANK**  
1400 LINCOLN RD #601  
MIAMI BEACH FL 33139

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

12. OFFICERS AND DIRECTORS		
TITLE	P	<input type="checkbox"/> DELETE
NAME	RAMIREZ, FRANK E	
STREET ADDRESS	1400 LINCOLN RD #601	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	VP D	<input checked="" type="checkbox"/> DELETE VP
NAME	NATALE, ARTHUR	<input checked="" type="checkbox"/> Exchange
STREET ADDRESS	1400 LINCOLN RD #502	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	CAUCE, ALINA M	
STREET ADDRESS	1400 LINCOLN RD #303	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CHICK, CELIA	
STREET ADDRESS	1400 LINCOLN RD #502	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SILVERSTEIN, ELENA	
STREET ADDRESS	1400 LINCOLN RD #206	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Marrero, Edgardo	
1.3 STREET ADDRESS	1400 Lincoln Rd #305	
1.4 CITY-ST-ZIP	Miami Beach, FL 33139	
2.1 TITLE	TR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Zaki, Karaz	
2.3 STREET ADDRESS	1400 Lincoln Rd #602	
2.4 CITY-ST-ZIP	Miami Beach, FL 33139	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Bell, Pilar	
3.3 STREET ADDRESS	1400 Lincoln Rd #302	
3.4 CITY-ST-ZIP	Miami Beach, FL 33139	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Cruz, Sophia	
4.3 STREET ADDRESS	1400 Lincoln Rd #403	
4.4 CITY-ST-ZIP	Miami Beach, FL 33139	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Marrero, Barry	
5.3 STREET ADDRESS	1400 Lincoln Rd #305	
5.4 CITY-ST-ZIP	Miami Beach, FL 33139	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	000001838830	
6.3 STREET ADDRESS	-05/24/96--01070--002	
6.4 CITY-ST-ZIP	***70.00	

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: *Frank E. Ramirez* RES. FRANK E. RAMIREZ 4/20/96 (305) 673-2344  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: 4/20/96

CR2E037 (12/95)