

FILE NOW: FILING FEE IS \$61.25

FILED

**May 20 1997 8:00am
Secretary of State**

**NONPROFIT
CORPORATION
ANNUAL REPORT
1997**



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

DOCUMENT # 707746 (4)

1. Corporation Name

LINCOLN PLAZA CONDOMINIUM, INC.



Principal Place of Business

Mailing Address

1400 LINCOLN ROAD
MIAMI BEACH FL 33139

1400 LINCOLN ROAD
MIAMI BEACH FL 33139-3255

3. Date Incorporated or Qualified 08/25/1964	3a. Date of Last Report 05/24/1996
4. FEI Number 59-1140434	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**RAMIREZ, FRANK
1400 LINCOLN RD #601
MIAMI BEACH FL 33139**

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 _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RAMIREZ, FRANK E	1.2 NAME	Spagnola, Bob
STREET ADDRESS	1400 LINCOLN RD #601	1.3 STREET ADDRESS	1400 Lincoln Rd #605
CITY-ST-ZIP	MIAMI BEACH FL 33139	1.4 CITY-ST-ZIP	Miami Beach, FL 33139
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NATALE, ARTHUR	2.2 NAME	Zaki, Karab
STREET ADDRESS	1400 LINCOLN RD #502	2.3 STREET ADDRESS	1400 Lincoln Rd #602
CITY-ST-ZIP	MIAMI BEACH FL 33139	2.4 CITY-ST-ZIP	Miami Beach, FL 33139
TITLE	ST <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CAUCE, ALINA M	3.2 NAME	Brown, Wendy
STREET ADDRESS	1400 LINCOLN RD #303	3.3 STREET ADDRESS	1400 Lincoln Rd #201
CITY-ST-ZIP	MIAMI BEACH FL 33139	3.4 CITY-ST-ZIP	Miami Beach, FL 33139
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BELL, PILAR	4.2 NAME	
STREET ADDRESS	1400 LINCOLN RD #302	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRUZ, SOPHIA	5.2 NAME	
STREET ADDRESS	1400 LINCOLN RD #403	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL	5.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARRERO, EDGARDO	6.2 NAME	
STREET ADDRESS	1400 LINCOLN ROAD #305	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL 33139	6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: Frank E. Ramirez **REQUIRE**

Date: **4/29/97** (305) 673-2844

CR2E037 (9/96)