

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 13 AM 11:18

DOCUMENT # **707943** (7)
1. Corporation Name
1231 PENN. INC. A CONDOMINIUM

Principal Place of Business: **1231 PENN. AVE APT. 4 MIAMI BCH FL 33139-4438**
Mailing Address: **1231 PENN. AVE APT. 4 MIAMI BCH FL 33139-4438**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **10/09/1964**
3a. Date of Last Report: **04/04/1994**
4. FEI Number: **59-1710753**
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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status: \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: Yes No

2. Principal Place of Business
21 **1231 PENN. AVE**
Suite, Apt. #, etc.: **#10**
City & State: **MIAMI BEACH, FL**
Zip: **33139** Country: **USA**
26. Mailing Address
26 **1231 PENN. AVE**
Suite, Apt. #, etc.: **#10**
City & State: **MIAMI BEACH, FL**
Zip: **33139** Country: **USA**

9. Name and Address of Current Registered Agent
ESCALONA, RAMONA
1231 PENNSYLVANIA AVE., APT. #3
MIAMI BEACH FL 33139

10. Name and Address of New Registered Agent
81 Name: **ANA MARIA MENDIETA**
82 Street Address (P.O. Box Number is Not Acceptable): **1231 PENN. AVE #10**
83 City: **MIAMI BEACH** FL 85 Zip Code: **33139**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: *Ana Mendieta*
Signature, typed or printed name of registered agent and title if applicable.

DATE: **3/5/95**

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ESCALONA, RAMONA
STREET ADDRESS	1231 PENNSYLVANIA AVE
CITY-ST-ZIP	MIAMI BCH FL
TITLE	VP
NAME	ESCALONA, RAINELDO
STREET ADDRESS	1231 PENNSYLVANIA AVE
CITY-ST-ZIP	MIAMI BCH FL
TITLE	TD
NAME	HERNANDEZ, SANTIAGO
STREET ADDRESS	1231 PENNSYLVANIA AVE
CITY-ST-ZIP	MIAMI BCH FL
TITLE	SD
NAME	QUINTERO, JOSEFINA
STREET ADDRESS	1231 PENNSYLVANIA AVE
CITY-ST-ZIP	MIAMI BCH FL
TITLE	VT
NAME	BERARDINO, JOSE
STREET ADDRESS	1231 PENNSYLVANIA AVE
CITY-ST-ZIP	MIAMI BCH FL
TITLE	VS
NAME	MENDIETA, ANA MARIA
STREET ADDRESS	1231 PENN AVE #80
CITY-ST-ZIP	MIAMI BEACH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	ANA MARIA MENDIETA	
1.3 STREET ADDRESS	1231 PENN AVE #10	
1.4 CITY-ST-ZIP	MIAMI BEACH, FL	
2.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	JOSE BERARDINO	
2.3 STREET ADDRESS	1231 PENN. AVE. #7	
2.4 CITY-ST-ZIP	MIAMI BEACH, FL	
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	VT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	IDELINA BERARDINO	
5.3 STREET ADDRESS	1231 PENN. AVE #7	
5.4 CITY-ST-ZIP	MIAMI BEACH, FL	
6.1 TITLE	VS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	RAMONA ESCALONA	
6.3 STREET ADDRESS	1231 PENN. AVE #5	
6.4 CITY-ST-ZIP	MIAMI BEACH, FL	

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 110.07(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: *Ana Mendieta*
Signature and printed name of signing officer or director

DATE: **3/5/95**