

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



Principal Place of Business 1231 PENN. AVE #10 MIAMI BCH FL 33139 US	Mailing Address 1231 PENN. AVE #10 MIAMI BCH FL 33139 US
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3. Date Incorporated or Qualified 10/09/1964	3a. Date of Last Report 03/13/1995
4. FEI Number 59-1710753	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input 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	

21. Principal Place of Business	2a. Mailing Address
22. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
23. City & State	27. City & State
24. Zip	28. Zip
25. Country	29. Country
30. Country	

9. Name and Address of Current Registered Agent
MENDIETTA, ANA-MARIA
1231 PENN. AVE #10
MIAMI BEACH FL 33139

10. Name and Address of New Registered Agent

81. Name Aristedes Sotolongo
82. Street Address (P.O. Box Number is Not Acceptable) 1231 Penn. Ave. #6
83. City Miami Beach
84. State FL
85. Zip Code 33139

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: *Aristedes Sotolongo* **Aristedes Sotolongo** 4-25-96
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	PD	<input checked="" type="checkbox"/> DELETE
NAME	MENDIETTA, ANA-MARIA	
STREET ADDRESS	1231 PENN AVE #10	
CITY-ST-ZIP	MIAMI BCH FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	BERARDINO, JOSE	
STREET ADDRESS	1231 PENN. AVE #7	
CITY-ST-ZIP	MIAMI BCH FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	HERNANDEZ, SANTIAGO	
STREET ADDRESS	1231 PENNSYLVANIA AVE	
CITY-ST-ZIP	MIAMI BCH FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	QUINTERO, JOSEFINA	
STREET ADDRESS	1231 PENNSYLVANIA AVE	
CITY-ST-ZIP	MIAMI BCH FL	
TITLE	VT	<input checked="" type="checkbox"/> DELETE
NAME	BERARDINO, IDELINA	
STREET ADDRESS	1231 PENN. AVE #7	
CITY-ST-ZIP	MIAMI BCH FL	
TITLE	VS	<input checked="" type="checkbox"/> DELETE
NAME	BOGALONA, RAMONA	
STREET ADDRESS	1231 PENN. AVE #5	
CITY-ST-ZIP	MIAMI BEACH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Aristedes Sotolongo	
1.3 STREET ADDRESS	1231 Penn. Ave #6	
1.4 CITY-ST-ZIP	Miami Beach, FL 33139	
2.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Aristedes Sotolongo	
2.3 STREET ADDRESS	1231 Penn. Ave #6	
2.4 CITY-ST-ZIP	Miami Beach, FL 33139	
3.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Teresa Martinez	
3.3 STREET ADDRESS	11945 SW 135 Ave.	
3.4 CITY-ST-ZIP	Miami, FL 11136	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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: *Aristedes Sotolongo* **Aristedes Sotolongo** 4-25-96 (305) 866-2029
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)