

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

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 MAR 10 PM 2:09

DOCUMENT # 708613 (5)

1. Corporation Name  
MERIDIAN MANOR CONDOMINIUM, INC.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
60001428106  
-03/13/95--01059--019  
DO NOT WRITE IN THIS SPACE  
\*\*\*\*130.00 \*\*\*\*130.00

Principal Place of Business Mailing Address  
851 MERIDIAN AVENUE 851 MERIDIAN AVENUE  
MIAMI BEACH FL 33139 MIAMI BEACH FL 33139

3. Date Incorporated or Qualified 3a. Date of Last Report  
03/09/1965 04/26/1994  
4. FEI Number Applied For  
59-0950327 Not Applicable

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 Zip Country 25 Zip Country 29 Zip Country 30 Zip Country

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

9. Name and Address of Current Registered Agent  
MACHADO, ESTEHR  
851 MERIDIAN AVE, 42  
MIAMI BEACH FL 33139

10. Name and Address of New Registered Agent  
B1 Name  
B2 Street Address (P.O. Box Number is Not Acceptable)  
B3  
B4 City FL B5 Zip Code

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 *[Signature]* (NOTE: Registered Agent signature required when restoring) DATE

12. OFFICERS AND DIRECTORS	
TITLE	P
NAME	MACHADO, ESTHER
STREET ADDRESS	851 MERIDIAN AVE, 42
CITY - ST - ZIP	MIAMI BCH FL
TITLE	S
NAME	FE JAMES, GLICERIA
STREET ADDRESS	851 MERIDIAN AVE, 23
CITY - ST - ZIP	MIAMI BCH FL
TITLE	T
NAME	CORZO, JUAN
STREET ADDRESS	851 MERIDIAN AVE, 38
CITY - ST - ZIP	MIAMI BEACH FL
TITLE	SD
NAME	WAKSBERG, SIMONE
STREET ADDRESS	851 MERIDIAN AVE., #52
CITY - ST - ZIP	MIAMI BEACH FL 33139
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	E STRADA JOSEFA <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	851 MERIDIAN AVE #42
1.3 STREET ADDRESS	MIAMI BEACH - FLDA 33139
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
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	<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 110.07(3)(b), 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 and/or only that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 017, Florida Statutes; and that my name appears in block 12 or block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* 3-1-95 305-538-8565  
PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR (Date) (Signature of Agent)