

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 # 708613 (5)
1. Corporation Name

MERIDIAN MANOR CONDOMINIUM, INC.



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

3. Date Incorporated or Qualified: 03/09/1965
3a. Date of Last Report: 03/10/1995

21. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
		59-0950327	Not Applicable
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23. City & State	28. City & State	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24. Zip	25. Country	29. Zip	30. Country
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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

81. Name	PRESIDENT/DIRECTOR Ms. Simone Waksberg
82. Street Address (P.O. Box Number is Not Acceptable)	851 Meridian Avenue
83.	Apt. 52
84. City	Miami Beach
85. Zip Code	FL 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: *Simone Waksberg* SIMONE WAKSBERG PRESIDENT/DIRECTOR 2/16/96
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input checked="" type="checkbox"/> DELETE	1.1 TITLE	P/D <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOSEPHA, ESTRADA A	1.2 NAME	Ms. Simone Waksberg
STREET ADDRESS	851 MERIDIAN AVE #44	1.3 STREET ADDRESS	851 Meridian Avenue, Apt. 52
CITY-ST-ZIP	MIAMI BCH FL 33139	1.4 CITY-ST-ZIP	Miami Beach, Florida 33139
TITLE	S <input checked="" type="checkbox"/> DELETE	2.1 TITLE	T/D <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FE JANES, GLICERIA	2.2 NAME	Mr. David Wilson
STREET ADDRESS	851 MERIDIAN AVE, 23	2.3 STREET ADDRESS	851 Meridian Avenue, Apt 31
CITY-ST-ZIP	MIAMI BCH FL	2.4 CITY-ST-ZIP	Miami Beach, Florida 33139
TITLE	T <input checked="" type="checkbox"/> DELETE	3.1 TITLE	S/D <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CORZO, JUAN	3.2 NAME	Ms. Celia Salazar
STREET ADDRESS	851 MERIDIAN AVE, 36	3.3 STREET ADDRESS	851 Meridian Avenue, Apt. 32
CITY-ST-ZIP	MIAMI BEACH FL	3.4 CITY-ST-ZIP	M.B. FL 33139
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	600001771548 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	-04/08/96--01009--019
STREET ADDRESS		5.3 STREET ADDRESS	***\$61.25
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *Simone Waksberg* SIMONE WAKSBERG PRESIDENT 2/16/96 (305) 895-0186
(Signature and typed or printed name of signing officer or director) Date Daytime Phone #

CR2E037 (12/95)