

FILE NOW: FILING FEE IS \$61.25

FILED

**Feb 12 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 708613 (5)
 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
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3. Date Incorporated or Qualified 03/09/1965	
4. FEI Number 59-0950327	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	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent

**WAKSBERG, SIMONE MS
851 MERIDIAN AVE
APT. 52
MIAMI BEACH FL 33139**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 PD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WAKSBERG, SIMONE MS		1.2 NAME TOLEDO, JORGE MR.	
STREET ADDRESS 851 MERIDIAN AVENUE, APT 52		1.3 STREET ADDRESS 851 MERIDIAN AVENUE, APT.34	
CITY-ST-ZIP MIAMI BEACH FL 33139		1.4 CITY-ST-ZIP MIAMI BEACH FL, 33139	
TITLE TD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WILSON, DAVID		2.2 NAME WAKSBERG, SIMONE MS	
STREET ADDRESS 851 MERIDIAN AVENUE, APT 31		2.3 STREET ADDRESS 851 MERIDIAN AVENUE, APT 52	
CITY-ST-ZIP MIAMI BEACH FL 33139		2.4 CITY-ST-ZIP MIAMI BEACH FL 33139	
TITLE SD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SALAZAR, CELIA		3.2 NAME ED UPTAIN	
STREET ADDRESS 851 MERIDIAN AVENUE, APT. 32		3.3 STREET ADDRESS 851 MERIDIAN AVENUE, APT 56	
CITY-ST-ZIP MIAMI BEACH FL 33139		3.4 CITY-ST-ZIP MIAMI BEACH FL 33139	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE VPD (VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME WILSON, DAVID	
STREET ADDRESS		4.3 STREET ADDRESS 851 MERIDIAN AVENUE, APT 31	
CITY-ST-ZIP		4.4 CITY-ST-ZIP MIAMI BEACH FL 33139	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
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 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: *Simone Waksberg* **SIMONE WAKSBERG, TREASURER** (305)895-0186
JAN.08, 1998

CP2E037 (10/97)