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May 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. McArthur Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 709558 (1)

1. Corporation Name
1100 ALTON ROAD CONDOMINIUM APARTMENTS, INC.



Principal Place of Business 1100 ALTON ROAD APT.5-E MIAMI BEACH FL 33139 US	Mailing Address % CARL FISHER 108 P.O. BOX 398806 MIAMI BEACH FL 33239-8806
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3. Date Incorporated or Qualified 09/09/1965	3a. Date of Last Report 04/19/1996
4. FEI Number 59-1142913	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	

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

**ORFILA, IRMA
1100 ALTON ROAD
APT.5-E
MIAMI BEACH FL 33139**

10. Name and Address of New Registered Agent

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

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 *Irma Orfila* DATE 4/21/97

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BENITEZ, CARLOS	
STREET ADDRESS	1100 ALTON ROAD 4F	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	ALCANTARA, ARNALDO	
STREET ADDRESS	1100 ALTON ROAD #3C	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	ORFILA, IRMA	
STREET ADDRESS	1100 ALTON ROAD #5E	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT (D)	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	BENITEZ, CARLOS	
1.3 STREET ADDRESS	1100 ALTON ROAD #4F	
1.4 CITY-ST-ZIP	MIAMI BEACH, FL 33139	
2.1 TITLE	VICE-PRESIDENT (D)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	JULIO QUINTANA	
2.3 STREET ADDRESS	1100 ALTON ROAD #4A	
2.4 CITY-ST-ZIP	MIAMI BEACH, FL 33139	
3.1 TITLE	SECRETARY (D)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	WILFREDO TORRES	
3.3 STREET ADDRESS	1100 ALTON ROAD #3B	
3.4 CITY-ST-ZIP	MIAMI BEACH, FL 33139	
4.1 TITLE	TREASURER (D)	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	ORFILA, IRMA	
4.3 STREET ADDRESS	1100 ALTON ROAD #5E	
4.4 CITY-ST-ZIP	MIAMI BEACH, FL 33139	
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 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: *Irma Orfila* DATE 4/21/97 (305) 531-7210

SIGNATURE AND TYPED OR PRINTED NAME OF CURRENT OFFICER OR DIRECTOR

CFR2E037 (9/96)