

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 709638 (1)

1. Corporation Name
1035 MERIDIAN CONDOMINIUM INCORPORATED



Principal Place of Business: **1035 MERIDIAN AVE. MIAMI BEACH FL 33139**
Mailing Address: **1035 MERIDIAN AVE. MIAMI BEACH FL 33139**

3. Date Incorporated or Qualified: **09/23/1965**
3a. Date of Last Report: **03/31/1995**

2. Principal Place of Business: **21**
2a. Mailing Address: **26**

Suite, Apt. #, etc.: **22**
Suite, Apt. #, etc.: **27**

City & State: **23**
City & State: **28**

Zip: **24** Country: **25**
Zip: **29** Country: **30**

4. FEI Number: **59-2662398**
Applied For:
Not Applicable:

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

**MARRONE, NICHOLAS A
1039 MERIDAN AVE.
UNIT 7
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

Signature, typed or printed name of registered agent and title (applicable)

(NOTE: Registered Agent signature required when transferring)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE
PD	TORRES, ANGELICA	1035 MERIDAN AVE., #1	MIAMI BEACH FL	<input type="checkbox"/>
VD	BUQUET, OLGA	301 S 64TH AVE.	MIAMI FL	<input type="checkbox"/>
TD	MARRONE, NICHOLAS A	1035 MERIDIAN AVE., #7	MIAMI BEACH FL	<input type="checkbox"/>
SD	CHORAS CORTEZ, DEMETRA	1406 MICHIGAN AVE.	MIAMI BEACH FL	<input type="checkbox"/>
VD	PETITON, JAMES	3420 NW 34TH STREET	LAUDERDALE LA	<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/>
21 TITLE	22 NAME	23 STREET ADDRESS	24 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/>
31 TITLE	32 NAME	33 STREET ADDRESS	34 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/>
41 TITLE	42 NAME	43 STREET ADDRESS	44 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/>
51 TITLE	52 NAME	53 STREET ADDRESS	54 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/>
61 TITLE	62 NAME	63 STREET ADDRESS	64 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/>

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: *Nicholas A. Marrone* **NICHOLAS A. MARRONE** 2-1-96 (305) 534-0974
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)