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May 14 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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 33139-8335

3. Date Incorporated or Qualified: 09/23/1965
3a. Date of Last Report: 02/29/1996

2. Principal Place of Business: 21 Sulte, Apt. #, etc. 22 City & State: 23 Zip: 24 Country: 25
2a. Mailing Address: 26 Suito, Apt. #, etc. 27 City & State: 28 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 MERIDIAN AVE.
UNIT 7
MIAMI BEACH FL 33139

10. Name and Address of New Registered Agent
81 Name: TORRES, ANGELICA
82 Street Address (P.O. Box Number is Not Acceptable): 1035 MERIDIAN AVE #1
83
84 City: MIAMI BEACH, FL 85 Zip Code: 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: Angelica Torres 2/16/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	PRESIDENT / DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	BUQUET, OLGA	
1.3 STREET ADDRESS	301 S 64TH AVE	
1.4 CITY-ST-ZIP	MIAMI, FL 33139	
2.1 TITLE	VICE PRESIDENT / DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	CHORAS CORTEZ, DEMETRA	
2.3 STREET ADDRESS	1406 MICHIGAN AVE	
2.4 CITY-ST-ZIP	MIAMI BEACH, FL 33139	
3.1 TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	VOLENEC, RUDY	
3.3 STREET ADDRESS	5912 SW 42 TERRACE	
3.4 CITY-ST-ZIP	MIAMI, FL 33155	
4.1 TITLE	SECRETARY / DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	TORRES, ANGELICA	
4.3 STREET ADDRESS	1035 MERIDIAN AVE # 1	
4.4 CITY-ST-ZIP	MIAMI BEACH, FL 33139	
5.1 TITLE	MEMBER / DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	BENDER, BRUCE	
5.3 STREET ADDRESS	1020 MERIDIAN AVE # 302	
5.4 CITY-ST-ZIP	MIAMI BEACH, FL 33139	
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: Angelica Torres 2/16/97

CR2E037 (9/96)