

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Feb 24 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

**DOCUMENT # 709638 (1)**  
 1. Corporation Name  
**1035 MERIDIAN CONDOMINIUM INCORPORATED**

Principal Place of Business <b>1035 MERIDIAN AVE. MIAMI BEACH FL 33139</b>	Mailing Address <b>1035 MERIDIAN AVE. MIAMI BEACH FL 33139</b>
---	---

3. Date Incorporated or Qualified  
**09/23/1965**

4. FEI Number <b>59-2662398</b>	Applied For Not Applicable
------------------------------------	-------------------------------

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip	24 Country	25 Country	29 Country	30 Country
---	--	------------	------------	------------	------------

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

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent

**TORRES, ANGELICA**  
**1035 MERIDIAN AVE.**  
**#1**  
**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	<b>FL</b>

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	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BUQUET, OLGA</b>	1.2 NAME	
STREET ADDRESS	<b>301 S. 64TH AVE.</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL</b>	1.4 CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CHORAS CORTEZ, DEMETRA</b>	2.2 NAME	
STREET ADDRESS	<b>1408 MICHIGAN AVE.</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI BEACH FL</b>	2.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VOLENEL, RUDY</b>	3.2 NAME	
STREET ADDRESS	<b>5912 S.W. 42 TERR</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL</b>	3.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TORRES, ANGELICA</b>	4.2 NAME	
STREET ADDRESS	<b>1035 MERIDIAN AVE., #1</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI BEACH FL</b>	4.4 CITY-ST-ZIP	
TITLE	DM <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BENDER, BRICE</b>	5.2 NAME	<b>DM</b>
STREET ADDRESS	<b>1020 MERIDIAN AVE., #302</b>	5.3 STREET ADDRESS	<b>DENIO PEREZ</b>
CITY-ST-ZIP	<b>MIAMI BEACH FL</b>	5.4 CITY-ST-ZIP	<b>1035 MERIDIAN AVE, APT #7</b>
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<b>MIAMI BEACH, FL 33139</b>
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: *Angela Perez* *Angelica Torres* - 2/6/98 305-247-3933

CR2E037 (10/97)