

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 714570 (9)
1. Corporation Name
5-33 MERIDIAN CONDOMINIUM, INC.



Principal Place of Business: 533 MERIDIAN AVE. MIAMI BEACH FL 33139
Mailing Address: 533 MERIDIAN AVE. MIAMI BEACH FL 33139

3. Date Incorporated or Qualified: 05/08/1968
3a. Date of Last Report: 06/21/1995
4. FEI Number: 59-2675522
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

2. Principal Place of Business: 533 MERIDIAN CONDO INC. 533 MERIDIAN AVE MIAMI BEACH FL
2a. Mailing Address: 533 MERIDIAN CONDO INC 533 MERIDIAN AVE MIAMI BEACH FL
22. 533 MERIDIAN AVE
27. 533 MERIDIAN AVE BOX MANAGEMENT
23. MIAMI BEACH FL
28. MIAMI BEACH FL
24. 33139
25. Country
29. 33139
30. Country

9. Name and Address of Current Registered Agent: MOLINA, ONEYDA 644 MERIDIAN AVE. APT. 7 MIAMI BEACH FL 33139
10. Name and Address of New Registered Agent: 81 Name: SAME
82 Street Address (P.O. Box Number is Not Acceptable): 1418 LENOX AVE
83
84 City: MIAMI BEACH FL 85 Zip Code: 33138

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] 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	MOLINA, ONEYDA	
STREET ADDRESS	1418 LENOX AVE.	
CITY-ST-ZIP	MIAMI BEACH FL 33138	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	CAMPBELL, DAVID	
STREET ADDRESS	390 NE 107 ST.	
CITY-ST-ZIP	MIAMI FL 33161	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	SPAGNOLA, ROBERT	
STREET ADDRESS	1390 OCEAN DR.	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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	

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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: [Signature] ONEYDA MOLINA PD. 3-26-96 305-673-6337
Date Daytime Phone #

CR2E037 (12/95)