

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
 AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 715574 (0)
 1. Corporation Name
 ADMIRAL TOWERS CONDOMINIUM, INC.



Principal Place of Business: 1020 MERIDIAN AVE. MIAMI BEACH FL 33139
 Mailing Address: 1020 MERIDIAN AVE. MIAMI BEACH FL 33139

| | | | | | |
|--------------------------------|---------|---------------------|---------|--|--------------------------------|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified | 3a. Date of Last Report |
| 21 | | 26 | | 11/15/1968 | 03/27/1995 |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 4. FEI Number | Applied For |
| 22 | | 27 | | 59-1280325 | Not Applicable |
| City & State | | City & State | | 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| 23 | | 28 | | <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| Zip | Country | Zip | Country | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | |
| 24 | 25 | 29 | 30 | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| | | | | | |
|--|--|--|--|--|--|
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | |
| FRANCISCA M. ANDRADE 1020 MERIDIAN AVE. MIAMI BEACH FL 33139 | | | | 81 | Name |
| | | | | 82 | Street Address (P.O. Box Number is Not Acceptable) |
| | | | | 83 | |
| | | | | 84 | City |
| | | | | 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: *Francisca M. Andrade* Date: 6/13/96
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---|---|--|
| TITLE | PD <input checked="" type="checkbox"/> DELETE | 1.1 TITLE | PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MICHAEL MCCARTHY ROBERT ELLIS | 1.2 NAME | SAME |
| STREET ADDRESS | 1020 MERIDIAN AVE | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI BEACH FL | 1.4 CITY-ST-ZIP | |
| TITLE | VP <input checked="" type="checkbox"/> DELETE | 2.1 TITLE | BRET CLEMMONS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | PEDRO GUIL BRET CLEMONS | 2.2 NAME | SAME |
| STREET ADDRESS | 1020 MERIDIAN AVE | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI BEACH FL | 2.4 CITY-ST-ZIP | |
| TITLE | S <input type="checkbox"/> DELETE | 3.1 TITLE | LANE BLANTON <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ROBERT DINKINS | 3.2 NAME | SAME |
| STREET ADDRESS | 1020 MERIDIAN AVE | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI BEACH FL | 3.4 CITY-ST-ZIP | |
| TITLE | T <input type="checkbox"/> DELETE | 4.1 TITLE | |
| NAME | FRANCISCA M. ANDRAEDE | 4.2 NAME | |
| STREET ADDRESS | 1020 MERIDIAN AVE ✓ | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI BEACH FL | 4.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 5.1 TITLE | |
| NAME | MANUEL LOPEZ ✓ | 5.2 NAME | |
| STREET ADDRESS | 1020 MERIDIAN AVE ✓ | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI BEACH FL | 5.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 6.1 TITLE | |
| NAME | ADELE CUNEO ✓ | 6.2 NAME | |
| STREET ADDRESS | 1020 MERIDIAN AVE ✓ | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI BEACH FL | 6.4 CITY-ST-ZIP | |

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: *Voluntarily* Date: 6/13/96
 Signature and typed or printed name of signing officer or director

CR2E037 (3/96)