


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED

Aug 01 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 715795 (1)
 1. Corporation Name
12590 CORONADO TOWERS CONDOMINIUM, INC.

Principal Place of Business 12590 N.E. 16 AVENUE NORTH MIAMI FL 33161	Mailing Address 12590 N.E. 16 AVENUE NORTH MIAMI FL 33161
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DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified 12/31/1968	3a. Date of Last Report 05/01/1996
4. FEI Number 59-1288731	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

SHAPIRO, MYRA
12590 NE 16 AVENUE
SUITE 307
N.MIAMI FL 33161

10. Name and Address of New Registered Agent

81 Name	CORRAN JEAN M.
82 Street Address (P.O. Box Number is Not Acceptable)	12590 N.E. 16th AVE, APT #309
83	
84 City	NO. MIAMI FL
85 Zip Code	33161

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 Jean M. Corran, Vice President DATE July 28, 1997

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITILE	T <input type="checkbox"/> DELETE
NAME	FAVINO, CONNIE
STREET ADDRESS	12590 NE 16TH AVE #511
CITY-ST-ZIP	NORTH MIAMI FL
TITILE	D <input checked="" type="checkbox"/> DELETE
NAME	SILVA, JOE
STREET ADDRESS	12590 NE 19 AVENUE #607
CITY-ST-ZIP	N. MIAMI FL
TITILE	S <input checked="" type="checkbox"/> DELETE
NAME	SHAPIRO, MYRA
STREET ADDRESS	12590 NE 16 AVENUE #307
CITY-ST-ZIP	N. MIAMI FL
TITILE	D <input type="checkbox"/> DELETE
NAME	GODFREY, LEE
STREET ADDRESS	12590 NE 16 AVENUE #602
CITY-ST-ZIP	N. MIAMI FL
TITILE	P <input checked="" type="checkbox"/> DELETE
NAME	MCNAMARA, DENNIS
STREET ADDRESS	12590 NE 16 AVE #609
CITY-ST-ZIP	N MIAMI FL
TITILE	<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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	DASASNOVAS, EVELYN
2.3 STREET ADDRESS	12590 N.E. 16th AVE, #210
2.4 CITY-ST-ZIP	NO. MIAMI, FL. 33161
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	PORTER, PHYLLIS
3.3 STREET ADDRESS	12590 N.E. 16th AVE, #606
3.4 CITY-ST-ZIP	NO. MIAMI, FL 33161
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	O'NEILL, THOMAS
5.3 STREET ADDRESS	12590 N.E. 16th AVE, #401
5.4 CITY-ST-ZIP	NO. MIAMI, FL. 33161
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	JEAN M. CORRAN
6.3 STREET ADDRESS	12590 N.E. 16th AVE. #309
6.4 CITY-ST-ZIP	NO. MIAMI, FL. 33161

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 SIGNATURE REQUIRED

CR2E037 (4/97)