

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 30 AM 10:42

DOCUMENT # 716287 (8)
1. Corporation Name
PENN TOWERS CONDOMINIUM, INC.

Principal Place of Business Mailing Address
1235 PENNSYLVANIA AVENUE MIAMI BEACH FL 33139

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 04/01/1969	3a. Date of Last Report 03/02/1994
4. FEI Number NOT APPLICABLE	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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
DUENAS, LUIS M. 1235 PENNSYLVANIA AVE, #4E MIAMI BEACH FL 33139				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reappointing) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALVAREZ, ARMANDO	1.2 NAME	Marcelino Capote
STREET ADDRESS	1235 PA AVE APT #4C	1.3 STREET ADDRESS	1235 Pennsylvania Ave.
CITY - ST - ZIP	MIAMI BEACH FL	1.4 CITY - ST - ZIP	Miami Beach FL
TITLE	SD	2.1 TITLE	S/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIMON, SARAH	2.2 NAME	Ileana A. Fernandez
STREET ADDRESS	1235 PA AVE APT 3A	2.3 STREET ADDRESS	1235 Pennsylvania Ave.
CITY - ST - ZIP	MIAMI BEACH FL	2.4 CITY - ST - ZIP	Miami Beach FL
TITLE	VD	3.1 TITLE	V/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUENAS, LUIS	3.2 NAME	Leon Markiewicz
STREET ADDRESS	1235 PENNSYLVANIA AVE, APT 4E	3.3 STREET ADDRESS	1235 Pennsylvania Ave
CITY - ST - ZIP	MIAMI BEACH FL	3.4 CITY - ST - ZIP	Miami Beachm FL
TITLE		4.1 TITLE	T/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	Christopher Reda
STREET ADDRESS		4.3 STREET ADDRESS	1235 Pennsylvania Ave.
CITY - ST - ZIP		4.4 CITY - ST - ZIP	Miami Beach FL
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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 110.07(3)(b), 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 017, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Marcelino Capote* **3/27/95**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Month/Year #)