

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 25 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 716692 (9)
1. Corporation Name
208 MERIDIAN CONDOMINIUM, INC.



Principal Place of Business 208 MERIDIAN AVENUE MIAMI BEACH FL 33139	Mailing Address C/O ACTION GENERAL SERV. P.O. BOX 110548 HALEAH FL 33011
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3. Date Incorporated or Qualified 06/09/1969	4. FEI Number 65-0687428	Applied For <input type="checkbox"/> Not Applicable
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2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip 24. Country	2a. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip 29. Country
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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. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**WILKIE, ASTERIA O
208 MERIDIAN AVE
#3
MIAMI BEACH FL 33139**

10. Name and Address of New Registered Agent
81. Name **WILKIE, ASTERIA O**
82. Street Address (P.O. Box Number is Not Acceptable) **2241 SW 11 ST**
83.
84. City **MIAMI** FL 85. Zip Code **33135**

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: *Asteria O. Wilkie* (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MANRIQUE, RAFAEL	
STREET ADDRESS	133 S.W. 113TH AVE. #102	
CITY-ST-ZIP	MIAMI FL 33174	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	CASS, MARY L	
STREET ADDRESS	208 MERIDIAN AVE., #5	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	WILKIE, ASTERIA O	
STREET ADDRESS	208 MERIDIAN AVE., #3	
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		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	WILKIE, ASTERIA O	
1.3 STREET ADDRESS	2241 S.W 11 ST	
1.4 CITY-ST-ZIP	Miami, FL 33135	
2.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	MANRIQUE, RAFAEL	
2.3 STREET ADDRESS	133 SW 113th AVE # 102	
2.4 CITY-ST-ZIP	MIAMI, FL. 33174	
3.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	PERIUT, AUGUSTO	
3.3 STREET ADDRESS	220 MERIDIAN AVE # 7	
3.4 CITY-ST-ZIP	MIAMI BEACH FL 33139	
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		

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: *Asteria O. Wilkie* 03-17-98 (305) 823-1201
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CFR2037 (10/97)