

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

FILED
Jan 29 1996 8:00 am
Secretary of State

DOCUMENT # 716782 (8)

1. Corporation Name

STAR MERIDIAN CONDOMINIUM, INC.



Principal Place of Business 528 MERIDIAN AVENUE MIAMI BEACH FL 33139 US	Mailing Address 528 MERIDIAN AVENUE #101 MIAMI BEACH FL 33139 US
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3. Date Incorporated or Qualified 06/24/1969	3a. Date of Last Report 02/08/1995
4. FEI Number 59-1441200	Applied For <input type="checkbox"/> 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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent COHEN, IRENE 528 MERIDIAN AVE MIAMI BEACH FL 33139		81. Name
		82. Street Address (P.O. Box Number is Not Acceptable)
		83.
		84. City
		85. Zip Code

10. Name and Address of New Registered Agent	

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]* **PPS.** DATE **1/17/96**
Signature, name or printed name of registered agent and filer if applicable (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COHEN, IRENE	1.2 NAME	
STREET ADDRESS	528 MERICIAN AVE #101	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BCH, FL 00000	1.4 CITY-ST-ZIP	
TITLE	BD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAMIAN, GEORGE	2.2 NAME	
STREET ADDRESS	528 MERIDIAN AVE #301	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BCH, FL 00000	2.4 CITY-ST-ZIP	
TITLE	BD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASARES, DORA	3.2 NAME	
STREET ADDRESS	528 MERICIAN AVE #202	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BCH, FL 00000	3.4 CITY-ST-ZIP	
TITLE	BD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HECHT, NATHAN	4.2 NAME	
STREET ADDRESS	528 MERIDIAN AVE #201	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BCH, FL 00000	4.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUNTHER, RIEGLHOER	5.2 NAME	
STREET ADDRESS	528 MERIDIAN #200	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL 33139	5.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OLSZENSKI, JUNE	6.2 NAME	
STREET ADDRESS	528 MERIDIAN AVE. #401	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL 33139	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 *[Signature]* **PPS.** DATE **1/17/96**
Signature and typed or printed name of signing officer or director

CR2E037 (12/95)