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Feb 21 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 716782 (8)

1. Corporation Name

STAR MERIDIAN CONDOMINIUM, INC.



Principal Place of Business

Mailing Address

528 MERIDIAN AVENUE
MIAMI BEACH FL 33139
US

C/O ACTION GENERAL SERVICES
P.O. BOX 110548
HIALEAH FL 33011-0548
US

3. Date Incorporated or Qualified
06/24/1969

3a. Date of Last Report
01/29/1996

2. Principal Place of Business

2a. Mailing Address

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4. FEI Number
59-1441200

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

City & State

City & State

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

Zip

Country

Zip

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GARRETT, DAWN M
528 MERIDIAN AVE
MIAMI BEACH FL 33139

81 Name
Dawn M. Garrett

82 Street Address (P.O. Box Number Is Not Acceptable)
528 Meridian Ave. #205

83

84 City
Miami Beach FL 85 Zip Code
33139

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

Dawn M. Garrett
Signature, typed or printed name of registered agent and title if applicable

President Star Meridian Condo

2/01/97
DATE

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input type="checkbox"/> DELETE
NAME	GARRETT, DAWN M	
STREET ADDRESS	528 MERIDIAN AVE #205	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MANRIQUE, RAFAEL	
STREET ADDRESS	133 S.W. 113TH AVE #102	
CITY-ST-ZIP	MIAMI FL 33174	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	GREEN, WARREN	
STREET ADDRESS	528 MERIDIAN AVE #402A	
CITY-ST-ZIP	MIAMI FL 33139	
TITLE	T	<input type="checkbox"/> DELETE
NAME	BETANCOURT, ESTELLA	
STREET ADDRESS	1816 N.W. 118TH TERR	
CITY-ST-ZIP	MIAMI FL 33125	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MOLLINER, JOSE	
STREET ADDRESS	930 WAREN AVE	
CITY-ST-ZIP	MIAMI SPRINGS FL 33166	
TITLE	BM	<input type="checkbox"/> DELETE
NAME	COHEN, IRENE	
STREET ADDRESS	528 MERIDIAN AVE #101	
CITY-ST-ZIP	MIAMI BEACH FL 33139	

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 type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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 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:

Dawn M. Garrett
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dawn M. GARRETT 2/01/97

(305) 528-4444
Daytime Phone # 0022807

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