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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 716782

1. Corporation Name

STAR MERIDIAN CONDOMINIUM, INC.

Principal Place of Business

528 MERIDIAN AVENUE
MIAMI BEACH FL 33139
US

Mailing Address

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



2. Principal Place of Business	2a. Mailing Address	3. Date incorporated or Qualified
21	26	06/24/1969
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	59-1441200
City & State	City & State	Applied For
23	28	Not Applicable
Zip	Country	5. Certificate of Status Desired
24	25	<input type="checkbox"/> \$8.75 Additional Fee Required
	29	6. Election Campaign Financing
	30	<input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

GARRETT, DAWN M
528 MERIDIAN AVE
#205
MIAMI BEACH FL 33139

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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: *Rafael Manrique*

Signature typed or printed name of Registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

2/3/99
DATE

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	GARRETT, DAWN M	1.2 NAME	
STREET ADDRESS	528 MERIDIAN AVE #205	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL 33139	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANRIQUE, RAFAEL	2.2 NAME	
STREET ADDRESS	133 S.W. 113TH AVE #102	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33174	2.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREEN, WARREN	3.2 NAME	
STREET ADDRESS	528 MERIDIAN AVE #402A	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33139	3.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BETANCOURT, ESTELLA	4.2 NAME	
STREET ADDRESS	1816 N.W. 118TH TERR	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33125	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOLLINER, JOSE	5.2 NAME	
STREET ADDRESS	930 WAREN AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI SPRINGS FL 33166	5.4 CITY-ST-ZIP	
TITLE	BM <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COHEN, IRENE	6.2 NAME	
STREET ADDRESS	528 MERIDIAN AVE #101	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL 33139	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, with all other like empowered.

SIGNATURE: *Rafael Manrique*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/3/99
Date

305-554-0595
Daytime Phone #

CR2E037 (1/198)