1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90229 002 ****61.25

DOCUMENT # 716782

1. Corporation Name

STAR MERIDIAN CONDOMINIUM, INC.	
Principal Place of Business Mailing Address 528 MERIDIAN AVENUE C/O ACTION GENERAL SERVICES MIAMI BEACH FL 33139 P.O. BOX 110548 US US	
Principal Place of Business 2a. Mailing Address 3. Date incorporated or Qualified	
26 06/24/1969	
Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number 59-1441200	Applied For
22	Not Applicable \$8.75 Additional
City & State City & State 5. Certificate of Status Desired	Fee Required
Zip Country Zip Country 6. Election Campaign Financing	55.00 May Be
24 25 30 Trust Fund Contribution	Added to Fees
9. Name and Address of Current Registered Agent 10. Name and Address of New Re	egistered Agent
81 Name	
GARRETT, DAWN M 82 Street Address (P.O. Box Number is Not Acceptable)	ole)
528 MERIDIAN AVE	
#205	
MIAMI BEACH FL 33139 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 provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the provision of the provision of Sections 617.0502 and 617.0502	the consistence of an engineered
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MIAMI BEACH FL 33139 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.

6.4 CITY-ST-ZIP

SIGNATURE: 9

ARMINEL WINNERDEED YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR