


FILE NOW: FILING FEE IS \$61.25

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

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

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # 716782</b>					
1. Corporation Name <b>STAR MERIDIAN CONDOMINIUM, INC.</b>					
Principal Place of Business <b>528 MERIDIAN AVENUE MIAMI BEACH FL 33139 US</b>			Mailing Address <b>C/O ACTION GENERAL SERVICES P.O. BOX 110548 HIALEAH FL 33011-0548 US</b>		



2. Principal Place of Business <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip Country <b>24</b>		2a. Mailing Address <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip Country <b>29</b>		3. Date Incorporated or Qualified <b>06/24/1969</b>	
				4. FEI Number <b>59-1441200</b>	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	

9. Name and Address of Current Registered Agent <b>GARRETT, DAWN M 528 MERIDIAN AVE #205 MIAMI BEACH FL 33139</b>				10. Name and Address of New Registered Agent <b>81</b> Name <b>82</b> Street Address (P.O. Box Number is Not Acceptable) <b>83</b> <b>84</b> City <b>FL</b> <b>85</b> Zip Code			
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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* DATE 2/3/99

Signature typed or printed name of Registered agent and title if applicable (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		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 WARREN 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* **RAFAEL MANRIQUE**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/3/99  
Date

305-554-0595  
Daytime Phone #

CR2E037 (11/98)