

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

DOCUMENT # 718087 (0)

1. Corporation Name

JAMES CENTRAL TOWERS CONDOMINIUM, ASSOCIATION, I NC.



Principal Place of Business: 245 18TH ST MIAMI BEACH FL 33139-2038
Mailing Address: 245 18TH ST MIAMI BEACH FL 33139-2038

3. Date Incorporated or Qualified: **02/17/1970**
3a. Date of Last Report: **03/31/1995**
4. FEI Number: **59-1299143**
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

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

9. Name and Address of Current Registered Agent
**LOPEZ, MIGUEL
245 18TH STR
STE 805
MIAMI BCH FL 33139**

10. Name and Address of New Registered Agent
81 Name: **NARCISO LANIER**
82 Street Address (P.O. Box Number is Not Acceptable): **245-18TH ST. # 1103**
83 City: **MIAMI BEACH**
84 City: **MIAMI BEACH**
85 Zip Code: **FL 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: *Narciso Lanier* (Signature, typed or printed name of registered agent and title if applicable.)
Narciso Lanier, PD (NOTE: Registered Agent signature required when reinstating.)
Date: **April 10, 1996**

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	LOPEZ, MIGUEL	
STREET ADDRESS	245-11TH ST #805	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	APARICIO, RAUL	
STREET ADDRESS	245 18TH ST	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	JAQUE, DELVA	
STREET ADDRESS	245 18TH ST #902	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	LANIER, NARCISO	
STREET ADDRESS	245 18TH ST	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	BM	<input type="checkbox"/> DELETE
NAME	APARICIO, FRED	
STREET ADDRESS	245 18TH ST.	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	TS	<input type="checkbox"/> DELETE
NAME	FERNANDEZ, MARIA	
STREET ADDRESS	245-18TH STREET	
CITY-ST-ZIP	MIAMI BEACH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD:AT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	LANIER, NARCISO	
1.3 STREET ADDRESS	245-18TH ST. # 1103	
1.4 CITY-ST-ZIP	MIAMI BEACH, FL. 33139	
2.1 TITLE	VD.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	HUMBERTO VARGAS	
2.3 STREET ADDRESS	245-18TH ST. # 503	
2.4 CITY-ST-ZIP	MIAMI BEACH, FL. 33139	
3.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	ALICIA GONZALEZ	
3.3 STREET ADDRESS	245-18TH ST. # 404	
3.4 CITY-ST-ZIP	MIAMI BEACH, FL. 33139	
4.1 TITLE	MD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	RAUL APARICIO	
4.3 STREET ADDRESS	245-18TH ST. # 702	
4.4 CITY-ST-ZIP	MIAMI BEACH, FL. 33139	
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 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: *Narciso Lanier* (SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)
Narciso Lanier PD (Date: **4/10/96**)
805 (Daytime Phone #: **673 1950**)

CR2E037 (12/95)