

FILE NOW: FILING FEE IS \$61.25

FILED

**May 05 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 # 718087 (0)

1. Corporation Name
**JAMES CENTRAL TOWERS CONDOMINIUM, ASSOCIATION, I
NC.**



Principal Place of Business Mailing Address
**245 18TH ST
MIAMI BEACH FL 33139-2038** **245 18TH ST
MIAMI BEACH FL 33139-2031**

3. Date Incorporated or Qualified 3a. Date of Last Report
02/17/1970 **04/15/1996**

2. Principal Place of Business 2a. Mailing Address

4. FEI Number Applied For
59-1299143 Not Applicable

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

5. Certificate of Status Desired **\$8.75 Additional
Fee Required**

22 City & State 27 City & State

6. Election Campaign Financing **\$5.00 May Be
Trust Fund Contribution Added to Fees**

23 Zip Country 28 Zip Country

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

24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LANIER, NARCISO
245 18TH ST #1103
STE 805
MIAMI BCH FL 33139**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City 85 Zip Code
FL

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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

1.1 TITLE	PD; AT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Lanier, Narciso	
1.8 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	Aparicio, Fernando	
2.8 STREET ADDRESS	245 18th St. # 605	
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	Gonzalez Jose	
3.8 STREET ADDRESS	245 18th St. # 802	
3.4 CITY-ST-ZIP	Miami Beach, FL 33139	
4.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Aparicio, Raul	
4.8 STREET ADDRESS	245 18th St # 702	
4.4 CITY-ST-ZIP	Miami Beach, FL 33139	
5.1 TITLE	0	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Delva Jaque	
5.8 STREET ADDRESS	245 18th St. # 902	
5.4 CITY-ST-ZIP	Miami Beach, FL 33139	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.8 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.

CR2E037 (9/96)