FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

719308

(9)

MICHIGAN TOWERS CONDOMINIUM, INC.

Principal Place of Business

Mailing Address

716 MICHIGAN AVE MIAMI BEACH FL 33139 716 MICHIGAN AVE MIAMI BEACH FL 33139-6051

FILED Apr 14 1997 8:00am Secretary of State

									3a. Date Incorporated or Qualified 09/15/1970 3a. Date of Last Report 04/11/1996					
2. Principal Pi	ace of Busin	2a. Mailir	2a. Mailing Address					4. FEI Number	Ap	plied For				
21			26	26					59-1554536			t Applicable		
Suite, Apt	#, etc.	Suite	Suite, Apt. #, etc.					5. Certificate of Status Desired		\$8.75	Additional			
22		27	27					5. Certificate of Status Desired		Fee Re	quired			
City & State	9	City 8	City & State					6. Election Campaign Financing \$5.00 May Be						
23		28	28					Trust Fund Contribution		Added				
Zip	Country Zip Cou						or this superation has mastery for interrigions tax shade at 100.002;					199.032,		
24		29	29 30					Florida Statutes						
9. Name and Address of Current Registered Agent									10. Name and Address of New Registered Agent					
							Name							
TEJERA, PEDRO						62	Street Address (P.O. Box Number is Not Acceptable)							
716 MICHIGAN AVE.						5 Street Address			as (1 .O. Dox Number is Not Acceptac	10)		į		
APT 504			83											
MIAMI BEACH FL 33139						84								
MININI DENOTI I E 00 109							City			FL	85 Zip (Code		
11. Pursuant to the provisions of Sections 617 0502 and 617 1508. Florida Statutes, the a							o-named	corno	ration submits this statement for the n		hanging it	s registered		
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statules, 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 families with, and accept the obligations of Section 617.0503, Florida Statutes.														
agent. I am familier with, and accept the obligations of, Section 617.0503, Florida Statutes SIGNATURE FEDRO TEJERA														
SIGNATURE _		DRU TEJE	KH			>	OCK	12	d when reinstaling)	DATE				
12.	Signature, typico	or printed name of registered agon OFFICERS AND			13.	о жус	int e-griature	твцопео	ADDITIONS/CHANGES TO OFFIC		DIRECTOR	S IN 12		
TITLE	PD	OFFICEROARD	DIRECTORS	DELETE	1.1 T	ITLE			7.22111011070111111020110		Change	Addition		
NAME					1.2 N					_				
	716 MIC										Į į			
STREET ADDRESS						ADDRESS					{			
CITY-ST-ZIP	MIAMI BCH, FL 00000					1.4 CITY-ST-ZIP 2.1 TITLE					Change	Addition		
TITLE		DAIOV									Gridings	LI Addition		
NAME	MENDEZ						2.2 NAME							
STREET ADDRESS		IICHIGAN AVE					ADDRESS							
CITY-ST-ZIP		CH, FL 00000					2. 4 CITY-SI-ZIP				7 06	10000		
TITLE	DT DELETE					3.1 TITLE				L	_ Change	Addition		
NAME	GARCIA, ROLANDO 716 MICHIGAN AVE S305					3.2 NAME								
STREET ADDRESS			3.3 STREET ADDRESS											
CITY-ST-ZIP	MIAMI BCH, FL 00000					3.4. CITY - ST - ZIP								
TITLE	\$			DELETE	4.1 T	ILE	ļ		*.	L	Change	Addition		
NAME		RD, BECKY			4.21	IAME	ţ							
STREET ADDRESS	• • • • • • • • • • • • • • • • • • • •					TREET	ADDRESS							
CITY-ST-ZIP							T-ZIP							
TITLE	D			DELETE	5.1 T	TLE	ĺ			E	_] Change	Addition		
NAME	GIL, RE				5.2 N	AME								
STREET ADDRESS	MAG AND 140 141 41 M AAA					TREET	ADDRESS							
CITY-ST-ZIP	MIAMI BEACH FL 540					ITY-S	T-2)P					··		
TITLE				DELETE	6.1 T						Change	Addition		
NAME					62 N	AME								
STREET ADDRESS					638	TREET	ADDRESS							
CITY-ST-ZIP							T · ZIP							
	ov certify tha	t the information supplied	with this filing	a does not quali				ated in	in Section 119.07(3)(i). Florida Statutes	s. I further o	ertify that	the		

I do hereby certify that the information supplied with this filing docs 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.

all plan