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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 721043

1. Corporation Name
COLLINS TOWERS ASSOCIATION, A CONDOMINIUM

Principal Place of Business Mailing Address

**COLLINS TOWERS ASSN.
720 COLLINS AVE. MIAMI BEACH, FL. 33139**



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	05/27/1971
22. City & State	27. City & State	4. FEI Number
23. Zip	28. Zip	59-1416448
24. Country	29. Country	Applied For
	30. Country	Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
OSMANI GONZALEZ 720 COLLINS AVE #605 MIAMI BEACH, FLA. 33139				81. Name	
				82. Street Address (P.O. Box Number is Not Acceptable)	
				83. City	
				84. State	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: Osmani Gonzalez PRESIDENT AGENT 1-26-99
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	1.1 TITLE	PD
NAME	ALVAREZ, NICK	1.2 NAME	OSMANI GONZALEZ
STREET ADDRESS	720 COLLINS AVE	1.3 STREET ADDRESS	720 COLLINS AVE.
CITY-ST-ZIP	MIAMI FL 33139	1.4 CITY-ST-ZIP	MIAMI BEACH FL 33139
TITLE	VD	2.1 TITLE	VD
NAME	DOMASON, ESTEBAN	2.2 NAME	ISRAEL PEREZ
STREET ADDRESS	720 COLLINS AVE	2.3 STREET ADDRESS	720 COLLINS AVE.
CITY-ST-ZIP	MIAMI FL 33139	2.4 CITY-ST-ZIP	MIAMI BEACH FL 33139
TITLE	SD	3.1 TITLE	SD
NAME	GARCIA, BEATRIZ	3.2 NAME	BEATRIZ GARCIA
STREET ADDRESS	720 COLLINS AVE	3.3 STREET ADDRESS	720 COLLINS AVE
CITY-ST-ZIP	MIAMI FL 33139	3.4 CITY-ST-ZIP	MIAMI BEACH FL 33139
TITLE	TD	4.1 TITLE	TD
NAME	ESTRADA, JUAN M	4.2 NAME	ROSA A. SOTOLONGO
STREET ADDRESS	720 COLLINS AVE	4.3 STREET ADDRESS	720 COLLINS AVE
CITY-ST-ZIP	MIAMI FL 33139	4.4 CITY-ST-ZIP	MIAMI BEACH FL 33139
TITLE		5.1 TITLE	D.
NAME		5.2 NAME	YOLANDA DOMENECH
STREET ADDRESS		5.3 STREET ADDRESS	720 COLLINS AVE.
CITY-ST-ZIP		5.4 CITY-ST-ZIP	MIAMI BEACH, FL 33139
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: Rosa A. Sotolongo TREASURER 1-26-99 305-674-8660
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)