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Feb 03 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 # 724254 (8)  
1. Corporation Name  
MADRID TERRACE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address  
6820 WEST FLAGLER ST. MIAMI FL 33144-2631  
6820 WEST FLAGLER ST. MIAMI FL 33144-2848

3. Date Incorporated or Qualified 09/01/1972	3a. Date of Last Report 01/24/1996
4. FEI Number 59-1520152	Applied For 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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

21. Principal Place of Business Suite, Apt. #, etc. City & State Zip	22. Mailing Address Suite, Apt. #, etc. City & State Zip	23. Country	24. Country
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9. Name and Address of Current Registered Agent  
LOPEZ, ENRIQUE  
6820 W FLAGLER APT 106  
APT. 307  
MIAMI FL 33144

10. Name and Address of New Registered Agent  
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 \_\_\_\_\_ (NOTE Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	LOPEZ, ENRIQUE	
STREET ADDRESS	6820 W FLAGLER APT 106	
CITY - ST - ZIP	MIAMI FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	CRESPO, CARLOS	
STREET ADDRESS	6820 W FLAGLER APT 401	
CITY - ST - ZIP	MIAMI FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	QUEVEDO, GABRIEL	
STREET ADDRESS	6820 W FLAGLER APT 209	
CITY - ST - ZIP	MIAMI FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	ORTA, CORTINA EVELIO	
STREET ADDRESS	6820 W FLAGLER APT 105	
CITY - ST - ZIP	MIAMI FL	
TITLE	VS	<input checked="" type="checkbox"/> DELETE
NAME	CORTAZAR, ESTHER	
STREET ADDRESS	6340 SW 22 ST	
CITY - ST - ZIP	MIAMI FL	
TITLE	CT	<input type="checkbox"/> DELETE
NAME	AVILES, LUIS	
STREET ADDRESS	6820 W FLAGLER APT 312	
CITY - ST - ZIP	MIAMI FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Diaz Osvaldo	
1.3 STREET ADDRESS	6820 W Flagler Apt.306	
1.4 CITY - ST - ZIP	Miami Fla.	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Lopez Enrique	
2.3 STREET ADDRESS	6820 W. Flagler Apt.106	
2.4 CITY - ST - ZIP	Miami Fla.33144	
3.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Cortazar Esther	
3.3 STREET ADDRESS	6340 S.W.22 St.	
3.4 CITY - ST - ZIP	Miami Fla.	
4.1 TITLE	TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Orta Cortina Evelio	
4.3 STREET ADDRESS	6820 W. Flagler Apt.105	
4.4 CITY - ST - ZIP	Miami Fla.	
5.1 TITLE	VS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Quevedo Gabriel	
5.3 STREET ADDRESS	6820 W. Flagler Apt.209	
5.4 CITY - ST - ZIP	Miami Fla.	
6.1 TITLE	CT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Aviles Luis	
6.3 STREET ADDRESS	6820 W. Flagler Apt.312	
6.4 CITY - ST - ZIP	Miami Fla.	

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.

SIGNATURE: Osvaldo

1/23/97 261-8052

CR2E037 (9/96)