


FILE NOW: FILING FEE IS \$61.25

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Mar 12 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **724254** (8)
1. Corporation Name
MADRID TERRACE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 6820 WEST FLAGLER ST. MIAMI FL 33144-2831	Mailing Address 6820 WEST FLAGLER ST. MIAMI FL 33144-2831
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3. Date Incorporated or Qualified 09/01/1972
4. FEI Number 59-1520152
Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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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
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent LOPEZ, ENRIQUE 6820 W FLAGLER APT 106 APT. 307 MIAMI FL 33144	
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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

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	VD <input type="checkbox"/> DELETE
NAME	LOPEZ, ENRIQUE
STREET ADDRESS	6820 W FLAGLER APT. 106
CITY-ST-ZIP	MIAMI FL
TITLE	PD <input type="checkbox"/> DELETE
NAME	DIAZ, OSVALDO
STREET ADDRESS	6820 W FLAGLER ST APT 306
CITY-ST-ZIP	MIAMI FL
TITLE	VS <input 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	SD <input 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	LOPEZ, ENRIQUE
1.3 STREET ADDRESS	6820 W. FLAGLER ST., APT. 106
1.4 CITY-ST-ZIP	MIAMI, FL.
2.1 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	GARCIA, HEBERTO
2.3 STREET ADDRESS	6820 W. FLAGLER ST., APT. 213
2.4 CITY-ST-ZIP	MIAMI, FL.
3.1 TITLE	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	RICARDO D. GRAS
3.3 STREET ADDRESS	6820 W. FLAGLER ST. APT. 403
3.4 CITY-ST-ZIP	MIAMI, FL.
4.1 TITLE	VT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	CRESPO, CARLOS
4.3 STREET ADDRESS	6820 W. FLAGLER ST. APT. 401
4.4 CITY-ST-ZIP	MIAMI, FL.
5.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	QUEVEDO, GABRIEL
5.3 STREET ADDRESS	6820 W. FLAGLER ST. APT 209
5.4 CITY-ST-ZIP	MIAMI, FL.
6.1 TITLE	VS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	AVILES, LUIS
6.3 STREET ADDRESS	6820 W. FLAGLER ST. APT. 313
6.4 CITY-ST-ZIP	MIAMI, FL.

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.

SIGNATURE:  3/4/98 264-1826

CR2E037 (10/97)