

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

APPROVED AND FILED

95 MAY -1 PM 4:25

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**200001525392
-05/28/95--01026--016
DO NOT WRITE IN THESE SPACES \$130.00**

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 727533
1. Corporation Name
**MICHELLE CONDOMINIUM, INC.
3582 N.E. 171 STREET
N. MIAMI BEACH, FLA. 33160-3043**

Principal Place of Business Mailing Address

2. Principal Place of Business 2a. Mailing Address

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

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

3. Date Incorporated or Qualified 3a. Date of Last Report
09/24/73

4. FEI Number Applied For
59-1814-441 Not Applicable

5. Certificate of Status Desired **\$9.75 Additional Fee Required**

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

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**

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

9. Name and Address of Current Registered Agent
**CATHERINE LAGUARDIA
3582 N.E. 171 STREET APT. 201
N. MIAMI BEACH, FLA. 33160**

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DENISE J. MUNOZ	1.2 NAME	
STREET ADDRESS	3582 N.E. 171 ST. APT. 204	1.3 STREET ADDRESS	
CITY-ST-ZIP	N. MIAMI BEACH, FLA. 33160	1.4 CITY-ST-ZIP	
TITLE	VPD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PHYLLIS MCLANEY	2.2 NAME	
STREET ADDRESS	3582 N.E. 171 ST. APT. 207	2.3 STREET ADDRESS	
CITY-ST-ZIP	N. MIAMI BEACH, FLA. 33160	2.4 CITY-ST-ZIP	
TITLE	S/T	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CATHERINE LA GUARDIA	3.2 NAME	
STREET ADDRESS	3582 N.E. 171 ST. APT. 201	3.3 STREET ADDRESS	
CITY-ST-ZIP	N. MIAMI BEACH, FLA. 33160	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EVELYN GEORGE	4.2 NAME	
STREET ADDRESS	3582 N.E. 171 ST. APT. 301	4.3 STREET ADDRESS	
CITY-ST-ZIP	N. MIAMI BEACH, FLA. 33160	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

**5/1/95 MGT
REMITTED BY MAY 1**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Denise J. Munoz Date: 4/26/95 305-949-4916
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR