


FILE NOW: FILING FEE IS \$61.25

FILED  
Apr 23 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 727533 (2)**

1. Corporation Name  
**MICHELLE CONDOMINIUM, INC.**



Principal Place of Business <b>3582 NE 171 STREET N. MIAMI BEACH FL 33160</b>	Mailing Address <b>3582 NE 171 STREET N. MIAMI BEACH FL 33160</b>
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3. Date Incorporated or Qualified <b>09/24/1973</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
4. FEI Number <b>59-1814441</b>		
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input 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 type="checkbox"/> Yes <input type="checkbox"/> No		

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
Zip <b>29</b>	Country <b>30</b>

9. Name and Address of Current Registered Agent

**LAGUARDIA, CATHERINE**  
**3582 NE 171ST STREET**  
**N. MIAMI BEACH FL 33160**

10. Name and Address of New Registered Agent

**81** Name  
**82** Street Address (P.O. Box Number is Not Acceptable)  
**83**  
**84** City  
**FL** **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 *Catherine LaGuardia* DATE **4/14/98**

Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	<b>PD</b>	<input type="checkbox"/>
NAME	<b>MUNOZ, DENISE J</b>	
STREET ADDRESS	<b>3582 NE 171ST ST. #204</b>	
CITY-ST-ZIP	<b>N. MIAMI BEACH FL 33160</b>	
TITLE	<b>VPD</b>	<input type="checkbox"/>
NAME	<b>MCLANEY, PHYLLIS</b>	
STREET ADDRESS	<b>3582 NE 171 STR #207</b>	
CITY-ST-ZIP	<b>N. MIAMI BEACH FL 33160</b>	
TITLE	<b>ST</b>	<input type="checkbox"/>
NAME	<b>LA GUARDIA, CATHERINE</b>	
STREET ADDRESS	<b>3582 NE 171ST ST. #201</b>	
CITY-ST-ZIP	<b>N. MIAMI BEACH FL 33160</b>	
TITLE	<b>D</b>	<input type="checkbox"/>
NAME	<b>GEORGE, EVELYN</b>	
STREET ADDRESS	<b>3582 NE 171 STR #301</b>	
CITY-ST-ZIP	<b>N. MIAMI BEACH FL 33160</b>	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
1.1 TITLE			
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
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.

SIGNATURE *Denise J. Munoz* DATE **4/14/98** **305-682-6091**

CR2E037 (10/97)