

FILE NOW: FILING FEE IS \$61.25

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May 04, 1999 8:00 am
Secretary of State

05-04-1999 90049 018 ****61.25

0032842

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 727533

1. Corporation Name

MICHELLE CONDOMINIUM, INC.

477205 - 90049 - 18

Principal Place of Business
3582 NE 171 STREET
N. MIAMI BEACH FL 33160

Mailing Address
3582 NE 171 STREET
N. MIAMI BEACH FL 33160



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/24/1973	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-1814441	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
LAGUARDIA, CATHERINE 3582 NE 171ST STREET N. MIAMI BEACH FL 33160				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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* CATHERINE LAGUARDIA DATE: 4/27/99

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	PD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MUNOZ, DENISE J			1.2 NAME	Aleida Martin		
STREET ADDRESS	3582 NE 171ST ST. #204			1.3 STREET ADDRESS	3582 N.E. 171 St. Apt. 303		
CITY-ST-ZIP	N. MIAMI BEACH FL 33160			1.4 CITY-ST-ZIP	N. Miami Beach, Fla. 33160		
TITLE	VPD	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	VPD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MCLANEY, PHYLLIS			2.2 NAME	Pedro Carmouze		
STREET ADDRESS	3582 NE 171 STR #207			2.3 STREET ADDRESS	3582 N.E. 171 St. Apt. 204		
CITY-ST-ZIP	N. MIAMI BEACH FL 33160			2.4 CITY-ST-ZIP	N. Miami Beach, Fla. 33160		
TITLE	ST	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LA GUARDIA, CATHERINE			3.2 NAME			
STREET ADDRESS	3582 NE 171ST ST. #201			3.3 STREET ADDRESS			
CITY-ST-ZIP	N. MIAMI BEACH FL 33160			3.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GEORGE, EVELYN			4.2 NAME			
STREET ADDRESS	3582 NE 171 STR #301			4.3 STREET ADDRESS			
CITY-ST-ZIP	N. MIAMI BEACH FL 33160			4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		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		<input type="checkbox"/> DELETE		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			

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: *Catherine Laguardia* CATHERINE LAGUARDIA DATE: 4/27/99 305-931-5642

CR2E037 (11/98)