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Feb 13 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 # 729051 (3)
1. Corporation Name
MIRAMAR TERRACE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address
1051 S.W. 1ST STREET 1051 S.W. 1ST STREET
MIAMI FL 33130 MIAMI FL 33130-1043

3. Date Incorporated or Qualified 03/12/1974 3a. Date of Last Report 08/06/1996

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		NOT APPLICABLE		Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired		☐ \$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution		☐ \$5.00 May Be Added to Fees	
24 Country		29 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		☐ Yes ☐ No	

9. Name and Address of Current Registered Agent

FLAVELL, ROBERT
2701 PONCE DE LEON BLVD
SUITE 302
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD ☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	NICOLAS, MIRANDA	12 NAME	
STREET ADDRESS	1051-SW 1 ST #111	13 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33130	14 CITY-ST-ZIP	
TITLE	TD ☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	FERREIRO, JOSE M.	22 NAME	
STREET ADDRESS	1051 S.W. 1ST ST. #301	23 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33130	24 CITY-ST-ZIP	
TITLE	SD ☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME	ORTIZ, JOSEFINA	32 NAME	
STREET ADDRESS	1051 S.W. 1ST ST. #410	33 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33130	34 CITY-ST-ZIP	
TITLE	VPD ☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME	ZAMORA, MODESTO	42 NAME	
STREET ADDRESS	1051 SW 1ST STREET, APT #311	43 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33130	44 CITY-ST-ZIP	
TITLE	☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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: *Nicholas Miranda* (NICHOLAS MIRANDA) 2-5-97 547-2195
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Deadline Prose # 00000000

CR2E037 (9/96)