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Apr 07 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 729197 (4)

1. Corporation Name
MADRID TOWERS CONDOMINIUM, INC.



Principal Place of Business 1650 LE JEUNE ROAD CORAL GABLES FL 33134	Mailing Address 1650 LE JEUNE ROAD ³⁸⁴⁸ CORAL GABLES FL 33134-8876
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3. Date Incorporated or Qualified 03/20/1974	3a. Date of Last Report 02/07/1996
4. FEI Number 59-2761341	Applied For <input type="checkbox"/> Not Applicable
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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

**BALIDO, MARIA ELENA
1650 LE JEUNE ROAD APT. 302
CORAL GABLES FL 33134**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PSD	<input type="checkbox"/> DELETE
NAME	BALIDO, MARIA ELENA	
STREET ADDRESS	1650 LE JEUNE RD. #302	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	PEREIRA, PILAR	
STREET ADDRESS	1650 LEJEUNE RD #204	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	ALEJANDRO, QUEVEDO	
STREET ADDRESS	1650 LEJEUNE RD., #105	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	DAT	<input checked="" type="checkbox"/> DELETE
NAME	EDDINGTON, DIANNE	
STREET ADDRESS	1650 LEJEUNE RD #301	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<i>TR/Sec. Rose Everett</i>
2.3 STREET ADDRESS	<i>1650 Le Jeune Rd. #205</i>
2.4 CITY-ST-ZIP	<i>Coral Gables, FL. 33134</i>
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<i>VP Joe Pujol</i>
3.3 STREET ADDRESS	<i>1650 Le Jeune Rd. #202</i>
3.4 CITY-ST-ZIP	<i>Coral Gables, FL. 33134</i>
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<i>DAT JOEL SEGOUIN</i>
4.3 STREET ADDRESS	<i>1650 Le Jeune Rd. #305</i>
4.4 CITY-ST-ZIP	<i>Coral Gables, FL. 33134</i>
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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: *Maria Elena Balido* **3/27/97** **(305) 373-8995**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)