

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 730375 (3)
1. Corporation Name
MERIDIAN HOUSE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address
C/O COUISA REALTY **C/O COUISA REALTY**
726 - 41ST ST., 2ND FLOOR **726 - 41ST ST., 2ND FLOOR**
MIAMI FL 33140 **MIAMI FL 33140**
US **US**

3. Date Incorporated or Qualified **08/05/1974** 3a. Date of Last Report **05/01/1995**
4. FEI Number **59-1641706** Applied For
Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TOMAS, VALDES
1540 MERIDIAN AVE.
#3B
MIAMI BCH FL 33139

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 | PD | <input type="checkbox"/> DELETE |
| NAME | VALDES, TOMAS | |
| STREET ADDRESS | 1540 MERIDIAN AVE., #3B | |
| CITY-ST-ZIP | MIAMI BCH FL | |
| TITLE | VPD | <input type="checkbox"/> DELETE |
| NAME | MARTINEZ, YOLANDA | |
| STREET ADDRESS | 1540 MERIDIAN AVE., #44 | |
| CITY-ST-ZIP | MIAMI BCH FL | |
| TITLE | SD | <input type="checkbox"/> DELETE |
| NAME | MARSAN, MARTA | |
| STREET ADDRESS | 1540 MERIDIAN AVE., #3J | |
| CITY-ST-ZIP | MIAMI BCH 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 | PDT | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | VALDES, TOMAS | |
| 1.3 STREET ADDRESS | 1540 MERIDIAN AVE., #3B | |
| 1.4 CITY-ST-ZIP | MIAMI BCH FL 33139 | |
| 2.1 TITLE | VPDT | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | MARTINEZ, YOLANDA | |
| 2.3 STREET ADDRESS | 1540 MERIDIAN AVE., #4H | |
| 2.4 CITY-ST-ZIP | MIAMI BCH FL 33139 | |
| 3.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | | |
| 3.3 STREET ADDRESS | | |
| 3.4 CITY-ST-ZIP | | |
| 4.1 TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 4.2 NAME | EVELIO GARCIA | |
| 4.3 STREET ADDRESS | 1540 MERIDIAN AVE., #3H | |
| 4.4 CITY-ST-ZIP | MIAMI BCH FL | |
| 5.1 TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 5.2 NAME | MARCELO COLON | |
| 5.3 STREET ADDRESS | 1540 MERIDIAN AVE., #2-E | |
| 5.4 CITY-ST-ZIP | MIAMI BCH FL 33139 | |
| 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* **TOMAS VALDES** x3/27/96 x672-8202
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)