

FILE NOW: FILING FEE IS \$61.25

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Apr 12, 1999 8:00 am
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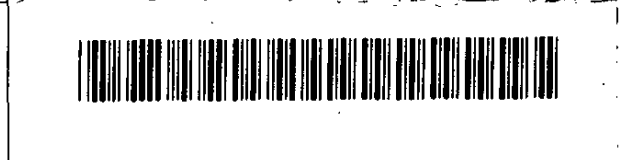
NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # 731512
1. Corporation Name
SALZEDO PLAZA, A CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business: 1100 SALZEDO STREET, CORAL GABLES FL 33134
Mailing Address: 1100 SALZEDO STREET, CORAL GABLES FL 33134



21	2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
22	Suite, Apt. #, etc.	Suite, Apt. #, etc.	12/17/1974
23	City & State	City & State	4. FEI Number
24	Zip	Zip	59-1660324
25	Country	Country	Applied For
26		29	Not Applicable
27		30	5. Certificate of Status Desired <input type="checkbox"/>
28			\$8.75 Additional Fee Required
29			6. Election Campaign Financing <input type="checkbox"/>
30			\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent
MUCCIO, LLOYD
1100 SALZEDO ST
APT 1D
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent
81 Name: MUCCIO, Lloyd
82 Street Address (P.O. Box Number is Not Acceptable): 1100 SALZEDO ST 1-D
83
84 City: Coral Gables FL 85 Zip Code: 33134

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: *Lloyd Muccio* DATE: 4/6/1999
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PDAT <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PORTU, ANTONIA	1.2 NAME	
STREET ADDRESS	1100 SALZEDO ST 3A	1.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES, FL 00000	1.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERNANDEZ, MARIA	2.2 NAME	
STREET ADDRESS	1100 SALZEDO ST 1-A	2.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES, FL 00000	2.4 CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MUCCIO, LLOYD	3.2 NAME	
STREET ADDRESS	1100 SALZEDO ST., 1D	3.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL	3.4 CITY-ST-ZIP	
TITLE	DP <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRAY, ALICIA	4.2 NAME	
STREET ADDRESS	1100 SALZEDO ST 2	4.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES, FL 00000	4.4 CITY-ST-ZIP	
TITLE	DT <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUARTE, JUANA	5.2 NAME	
STREET ADDRESS	1100 SALZEDO	5.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL	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: *Lloyd Muccio* DATE: 4/6/1999 (305) 361-4267
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (1/198)