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Apr 03 1997 8:00am
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 733364 (4)
 1. Corporation Name
 4011 PROFESSIONAL CENTER CONDOMINIUM, INC.



Principal Place of Business Mailing Address

% ORLANDO AND AURELIA REYES, P.A.
 4011 W. FLAGLER ST., SUITE 504
 MIAMI FL 33134

% ORLANDO AND AURELIA REYES, P.A.
 4011 W. FLAGLER ST., SUITE 504
 MIAMI FL 33134-1843

3. Date incorporated or Qualified 07/24/1975
 3a. Date of Last Report 05/01/1996

2. Principal Place of Business 2b. Mailing Address

21 % Centrust Realty, Inc. 26 % Centrust Realty, Inc.
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 22 4011 W. Flagler St. Suite 404 27 4011 W. Flagler St. Ste 404
 City & State City & State
 23 Miami, Florida 28 Miami, Florida
 Zip Country Zip Country
 24 33134 25 USA 29 33134 30 USA

4. FEI Number 59-1652669 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

9. Name and Address of Current Registered Agent

REYES, ORLANDO E.
 4011 W. FLAGLER ST., #504
 MIAMI FL 33134

10. Name and Address of New Registered Agent

81 Name Rolanda Velasco
 82 Street Address (P.O. Box Number is Not Acceptable) 4011 W. Flagler St #404
 83
 84 City Miami 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: *Yasser Bataineh* YASSER BATAINEH VPD *March 31, 97*
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	VAZQUEZ, ELOY	
STREET ADDRESS	4011 W FLAGLER ST. #503	
CITY-ST-ZIP	MIAMI FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	REYES, ORLANDO E.	
STREET ADDRESS	4011 W FLAGLER ST. #504	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	VELASCO, ROLANDO	
STREET ADDRESS	4011 W FLAGLER ST #404	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BATAINEH, YASSER T	
STREET ADDRESS	4011 W FLAGLER ST #205	
CITY-ST-ZIP	MIAMI 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 type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	VPD Bataineh, Yasser T.
4.3 STREET ADDRESS	4011 W. Flagler St #205
4.4 CITY-ST-ZIP	Miami, FL 33134
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	D Nelly Valencia
5.3 STREET ADDRESS	4011 W Flagler St #203
5.4 CITY-ST-ZIP	Miami, FL 33134
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	D Jorge Armada
6.3 STREET ADDRESS	4011 West Flagler St #508
6.4 CITY-ST-ZIP	Miami, FL 33134

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: *Yasser Bataineh* REQUIRED *March 17, 97* (305) 642 3401
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0027211

CR2E037 (9/96)