

FILE NOW: FILING FEE IS \$61.25

FILED
Feb 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 742373 (4)
 1. Corporation Name
IONIAN PLAZA CONDOMINIUM, INC.



Principal Place of Business 110 SALAMANCA AVE CORAL GABLES FL 33134	Mailing Address C/O GRIFFIN REALTY, INC. 2050 CORAL WAY SUITE 305 MIAMI FL 33145
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3. Date Incorporated or Qualified 04/12/1978	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
4. FEI Number 59-1974499		
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	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> 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 Country
24	25
29	30

9. Name and Address of Current Registered Agent

**GRIFFIN REALTY, INC.
 2050 CORAL WAY
 SUITE 305
 MIAMI FL 33145**

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 WILENSKY, LEONARD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	110 SALAMANCA AVE #207	1.2 NAME	PORTUONDO, RAFAEL
STREET ADDRESS	CORAL GABLES FL 33134	1.3 STREET ADDRESS	110 SALAMANCA AVE, # 402
CITY-ST-ZIP		1.4 CITY-ST-ZIP	CORAL GABLES, FLA. 33134
TITLE	DT CAO, YOLANDO <input checked="" type="checkbox"/> DELETE	2.1 TITLE	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	110 SALAMANCA AVE. #201	2.2 NAME	MARTINEZ, MARCO
STREET ADDRESS	CORAL GABLES FL 33134	2.3 STREET ADDRESS	110 SALAMANCA AVE # 306
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	SD CRESPO, YOLANDA <input checked="" type="checkbox"/> DELETE	3.1 TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	110 SALAMANCA AVE., #201	3.2 NAME	SCHULTZ, MARIA
STREET ADDRESS	CORAL GABLES FL	3.3 STREET ADDRESS	110 SALAMANCA AVE, # 202
CITY-ST-ZIP		3.4 CITY-ST-ZIP	CORAL GABLES, FLA. 33134
TITLE	SD CRESPO, YOLANDA <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	110 SALAMANCA AVE., #201	4.2 NAME	
STREET ADDRESS	CORAL GABLES FL	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		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)(l), 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: *Rafael Portuondo* **REQUIRED** **1/29/98**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
RAFAEL PORTUONDO, PRESIDENT

Date _____ Daytime Phone # 0030198

CR2E037 (10/97)