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Secretary of State

04-16-1999 90060 042 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 742878 1. Corporation Name HARBOR 29, INC.			
Principal Place of Business 710 NE 29 ST. APT. 1-A MIAMI FL 33137		Mailing Address 710 NE 29 ST. APT. 1-A MIAMI FL 33137	



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	05/15/1978
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	59-1980917
City & State	City & State	5. Certificate of Status Desired <input type="checkbox"/>
23	28	\$8.75 Additional Fee Required
Zip	Country	29
24	30	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>
		\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
SANTAMARINA, GEORGE M., P.A. 7175 S.W. 8TH STREET TOLEDO CENTER, SUITE 204 MIAMI FL 33144				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PO	1.1 TITLE	PRESIDENT PD
NAME	RIVERO, RICHARD L	1.2 NAME	RIVERO, J.R.
STREET ADDRESS	710 NE 29TH ST., 1-A	1.3 STREET ADDRESS	710 NE 29 ST 4-A
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	MIAMI - FL. 33137
TITLE	TD	2.1 TITLE	TREASURER TO
NAME	RIVERO, RICHARD	2.2 NAME	RIVERO, J.R.
STREET ADDRESS	710 NE 29 ST 4-A	2.3 STREET ADDRESS	710 NE 29 ST 4-A
CITY-ST-ZIP	MIAMI, FL 00000	2.4 CITY-ST-ZIP	MIAMI - FL. 33137
TITLE	SD	3.1 TITLE	VICE PRESIDENT VPD
NAME	MIZRAHI, MAX	3.2 NAME	PACHECO, PIEDAD
STREET ADDRESS	710 NE 29 ST 3-A	3.3 STREET ADDRESS	710 NE 29 ST 1-A
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	MIAMI - FL. 33137
TITLE		4.1 TITLE	SECRETARY
NAME		4.2 NAME	MIZRAHI, SUSAN SD
STREET ADDRESS		4.3 STREET ADDRESS	710 NE 29 ST 4-B
CITY-ST-ZIP		4.4 CITY-ST-ZIP	MIAMI - FL. 33137
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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: SIGNATURE REQUIRED (RIVERO) 4-10-99 (202) 573-2005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2F037 (1/98)