

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED

95 FEB 28 AM 4: 24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 746396 (1)
1. Corporation Name
1900 MERIDIAN CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address
1900 MERIDIAN AVE 1900 MERIDIAN AVE
MIAMI BEACH FL 33139 MIAMI BEACH FL 33139

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/22/1979	3a. Date of Last Report 03/17/1994
4. FEI Number 59-2018313	Applied For Not Applicable
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. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" 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. Zip
24. Country	29. Country

9. Name and Address of Current Registered Agent
LUIS, ARIAS
1900 MERIDIAN AVE
MIAMI BCH FL 33139

10. Name and Address of New Registered Agent

B1 Name	B5 Zip Code
B2 Street Address (P.O. Box Number is Not Acceptable)	
B3	
B4 City	FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0509, Florida Statutes.

SIGNATURE: Luis Arias DATE: 2/24/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: For new agent signature required upon filing.)

12. OFFICERS AND DIRECTORS

TITLE	DT
NAME	SCHNAIDER, BORIS
STREET ADDRESS	1900 MERIDIAN AVE
CITY-ST-ZIP	MIAMI BCH FL
TITLE	DP
NAME	GRANDA, JUAN
STREET ADDRESS	1900 MERIDIAN AVE
CITY-ST-ZIP	MIAMI BCH FL
TITLE	U
NAME	POLAKOFF, HARRY
STREET ADDRESS	1900 MERIDIAN AVE.
CITY-ST-ZIP	MIAMI BEACH FL
TITLE	S
NAME	GONZALEZ, ISRAEL
STREET ADDRESS	1900 MERIDIAN AVE
CITY-ST-ZIP	MIAMI BCH FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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)(b), Florida Statutes. I further certify that the information indicated on this renewal 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: JUAN GRANDA (PRESIDENT) DATE: 2/24/95 132-1609
Signature and typed or printed name of board officer or director