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FILED
May 08 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortimer Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **746396** (1)
1. Corporation Name
1900 MERIDIAN CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 1900 MERIDIAN AVE MIAMI BEACH FL 33139	Mailing Address 1900 MERIDIAN AVE MIAMI BEACH FL 33139-1878
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3. Date Incorporated or Qualified 03/22/1979	3a. Date of Last Report 03/05/1996
4. FEI Number 59-2018313	Applied For <input type="checkbox"/> 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
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
24 Zip	28 Zip
25 Country	30 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

81 Name **MR. ROCH PASTORE**

82 Street Address (P.O. Box Number is Not Acceptable)
1900 MERIDIAN AV, #402

83 **MIAMI BEACH, FL 33139**

84 City **FL** 86 Zip Code

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 *Roch Pastore* DATE **4/11/97**

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	DT	<input checked="" type="checkbox"/> DELETE
NAME	SCHNAIDER, BORIS	
STREET ADDRESS	1900 MERIDIAN AVE	
CITY-ST-ZIP	MIAMI BCH FL	
TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	GRANDA, JUAN	
STREET ADDRESS	1900 MERIDIAN AVE	
CITY-ST-ZIP	MIAMI BCH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	POLAKOFF, HARRY	
STREET ADDRESS	1900 MERIDIAN AVE.	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	GONZALEZ, ISRAEL	
STREET ADDRESS	1900 MERIDIAN AVE	
CITY-ST-ZIP	MIAMI BCH 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	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	ANDREW SANT	
1.3 STREET ADDRESS	1900 Meridian Av	
1.4 CITY-ST-ZIP	Miami Beach, FL	
2.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	JOYCE BOUVIER	
2.3 STREET ADDRESS	1900 MERIDIAN AV	
2.4 CITY-ST-ZIP	MIAMI BEACH, FL	
3.1 TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	HANS U. KOENIG	
3.3 STREET ADDRESS	1900 MERIDIAN AV	
3.4 CITY-ST-ZIP	MIAMI BEACH, FL	
4.1 TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	THYRONE BARRETT	
4.3 STREET ADDRESS	1900 MERIDIAN AV	
4.4 CITY-ST-ZIP	MIAMI BEACH, FL	
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 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: *Joyce Bouvier* **JOYCE BOUVIER (P)** DATE **4/11/97** (305) 534-0222

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0027325

CR2E037 (9/96)