

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **746440** (7)
1. Corporation Name
THE GEORGIAN CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business: 1621 COLLINS AVE MIAMI BEACH FL 33139
Mailing Address: 1621 COLLINS AVE MIAMI BEACH FL 33139

3. Date Incorporated or Qualified: 03/26/1979
3a. Date of Last Report: 03/17/1995
4. FEI Number: 59-2059160
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

2. Principal Place of Business: 21
2a. Mailing Address: 26
22. Suite, Apt. #, etc.: 27
23. City & State: 28
24. Zip: 25, Country: 29, Zip: 30, Country: 30

9. Name and Address of Current Registered Agent
**FERRO, M. E ESQ.
3081 SALZEDO ST
2ND FLOOR
CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code: 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 re-registering) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	FAJARDO, ALEJANDRO	
STREET ADDRESS	1620 COLLINS AVE #318	
CITY-ST-ZIP	MIAMI BCH, FL 00000	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	COSTALES, GLADYS	
STREET ADDRESS	1621 COLLINS AVE #714	
CITY-ST-ZIP	MIAMI BCH, FL 00000	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	MIRANDA, LUCIANO	
STREET ADDRESS	2105 S.W. 98 AVENUE	
CITY-ST-ZIP	MIAMI FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	LOPEZ, ALFONSO	
STREET ADDRESS	1621 COLLINS AVE #604	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MEDINA, OSCAR	
STREET ADDRESS	1621 COLLINS AVE #704	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	COSTALES, GLADYS	
1.3 STREET ADDRESS	1621 Collins Avenue #714	
1.4 CITY-ST-ZIP	MIAMI BEACH, FL 33139	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	VD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	TORRES, CECILIA	
2.3 STREET ADDRESS	1621 COLLINS AVENUE #606	
2.4 CITY-ST-ZIP	MIAMI BEACH, FL 33139	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	MIRANDA, LUCIANO	
3.3 STREET ADDRESS	2105 S.W. 98 AVENUE	
3.4 CITY-ST-ZIP	MIAMI, FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	LOPEZ, ALFONSO	
4.3 STREET ADDRESS	1621 COLLINS AVENUE #604	
4.4 CITY-ST-ZIP	MIAMI BEACH, FL 33139	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	MEDINA, OSCAR	
5.3 STREET ADDRESS	1621 COLLINS AVENUE #704	
5.4 CITY-ST-ZIP	MIAMI BEACH, FL 33139	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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)(k), 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: Gladys Costales 2-29-96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)