

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Feb 05 1997 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 746440 (7)**  
 1. Corporation Name  
**THE GEORGIAN CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business <b>1621 COLLINS AVE MIAMI BEACH FL 33139</b>	Mailing Address <b>1621 COLLINS AVE MIAMI BEACH FL 33139-3123</b>
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3. Date Incorporated or Qualified <b>03/26/1979</b>	3a. Date of Last Report <b>03/05/1996</b>
4. FEI Number <b>59-2059160</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country
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9. Name and Address of Current Registered Agent <b>FERRO, M. E ESQ. 3081 SALZEDO ST 2ND FLOOR CORAL GABLES FL 33134</b>	10. Name and Address of New Registered Agent 81 Name <b>Same</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>1073 N.E. 125th Street</b> 83 84 City <b>North Miami</b> FL 85 Zip Code <b>33161</b>
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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		<input type="checkbox"/> DELETE
TITLE	<b>VD</b>	
NAME	<b>TORRES, CECILIA</b>	
STREET ADDRESS	<b>1621 COLLINS AVENUE #608</b>	
CITY-ST-ZIP	<b>MIAMI BEACH FL</b>	
TITLE	<b>PD</b>	
NAME	<b>COSTALES, GLADYS</b>	
STREET ADDRESS	<b>1621 COLLINS AVE #714</b>	
CITY-ST-ZIP	<b>MIAMI BCH, FL 00000</b>	
TITLE	<b>SD</b>	
NAME	<b>MIRANDA, LUCIANO</b>	
STREET ADDRESS	<b>2105 S.W. 98 AVENUE</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>TD</b>	
NAME	<b>LOPEZ, ALFONSO</b>	
STREET ADDRESS	<b>1621 COLLINS AVE #604</b>	
CITY-ST-ZIP	<b>MIAMI BEACH FL</b>	
TITLE	<b>D</b>	
NAME	<b>MEDINA, OSCAR</b>	
STREET ADDRESS	<b>1621 COLLINS AVE #704</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
1.1 TITLE	<b>PD RAMON MARRERO</b>		
1.2 NAME	<b>RAMON MARRERO</b>		
1.3 STREET ADDRESS	<b>1621 Collins Avenue #612</b>		
1.4 CITY-ST-ZIP	<b>Miami Beach, FL 33139</b>		
2.1 TITLE	<b>VD</b>		
2.2 NAME	<b>CECILIA TORRES</b>		
2.3 STREET ADDRESS	<b>1621 Collins Avenue #606</b>		
2.4 CITY-ST-ZIP	<b>MIAMI BEACH, FL 33139</b>		
3.1 TITLE	<b>SD</b>		
3.2 NAME	<b>MIRANDA LUCIANO</b>		
3.3 STREET ADDRESS	<b>2105 S.W. 98 Avenue</b>		
3.4 CITY-ST-ZIP	<b>Miami, FL</b>		
4.1 TITLE	<b>TD</b>		
4.2 NAME	<b>LOPEZ ALFONSO</b>		
4.3 STREET ADDRESS	<b>1621 COLLINS AVENUE #604</b>		
4.4 CITY-ST-ZIP	<b>MIAMI BEACH, FL 33139</b>		
5.1 TITLE	<b>D</b>		
5.2 NAME	<b>MEDINA OSCAR</b>		
5.3 STREET ADDRESS	<b>1621 COLLINS AVENUE #704</b>		
5.4 CITY-ST-ZIP	<b>MIAMI, FL 33139</b>		
6.1 TITLE			
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, changed, or on an attachment with an address.

SIGNATURE: *Ramon Marrero*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 PRES. 1-30-97 (305) 622-6839  
 Date Daytime Phone # 0027450

CR2E037 (9/96)