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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 746440

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
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 03/26/1979	4. FEI Number 59-2059160	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	

9. Name and Address of Current Registered Agent

DE LA CAMARA, ROSA
WATERFORD CENTER PARK, 5201 BLUE LAGOON DR
SUITE 100
MIAMI FL 33126

10. Name and Address of New Registered Agent

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City **FL** 85 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	LEIBOWITZ, MARTIN	
STREET ADDRESS	1621 COLLINS AVENUE #701	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	PAVONE, BERNARDINO	
STREET ADDRESS	1623 COLLINS AVENUE #809	
CITY-ST-ZIP	MIAMI BCH, FL 00000 33139	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MIRANDA, LUCIANO	
STREET ADDRESS	2105 S.W. 98 AVENUE	
CITY-ST-ZIP	MIAMI FL 33145	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	FERNANDEZ, MARIA	
STREET ADDRESS	1621 COLLINS AVENUE #1008	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DEMIRDJIAN, ADRIANA	
STREET ADDRESS	1621 COLLINS AVENUE #1001	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	ESPINOSA, MARIA	
STREET ADDRESS	1621 COLLINS AVENUE #1008	
CITY-ST-ZIP	MIAMI BEACH FL 33139	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Torres, Cecilia	
1.3 STREET ADDRESS	1623 COLLINS AVENUE # 518	
1.4 CITY-ST-ZIP	Miami Beach, FL 33139	
2.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Arnesto, Alfonso	
2.3 STREET ADDRESS	1623 COLLINS AVENUE #518	
2.4 CITY-ST-ZIP	Miami Beach, FL 33139	
3.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Gonzalez, Etna	
3.3 STREET ADDRESS	1623 COLLINS AVENUE # 515	
3.4 CITY-ST-ZIP	Miami Beach, FL 33139	
4.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Lopez, Jose M.	
4.3 STREET ADDRESS	1621 COLLINS AVENUE # 603	
4.4 CITY-ST-ZIP	Miami Beach, FL 33139	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	MARREVO, RAMON	
5.3 STREET ADDRESS	1623 COLLINS AVENUE # 612	
5.4 CITY-ST-ZIP	Miami Beach, FL 33139	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Costales, Gladys	
6.3 STREET ADDRESS	1623 COLLINS AVENUE # 714	
6.4 CITY-ST-ZIP	Miami Beach, FL 33139	

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: *Cecilia Torres* **NOT REQUIRED** Date: 2-12-99 Daytime Phone #: 305-622-6839

CR2E037 (1/198)