

FILE NOW: FILING FEE IS \$61.25

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Apr 29, 1999 8:00 am
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 # 748682

1. Corporation Name
THE MERIDIAN CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business 1433 COLLINS AVE. MIAMI BEACH FL 33139	Mailing Address 1433 COLLINS AVE. MIAMI BEACH FL 33139
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2. Principal Place of Business 21 1732 Meridian #504 Suite, Apt. #, etc. 22 Miami Beach FL City & State 23 33139 USA Zip Country 24	2a. Mailing Address 26 1732 Meridian #504 Suite, Apt. #, etc. 27 Miami Beach, FL City & State 28 33139 USA Zip Country 29	3. Date Incorporated or Qualified 08/28/1979	4. FEI Number 59-2082710	Applied For No 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

PLEWINSKI, CHAIM
 1433 COLLINS AVE.
 MIAMI BEACH FL 33139

10. Name and Address of New Registered Agent

81 Name **BYRON KRUCZEK**

82 Street Address (P.O. Box Number is Not Acceptable)
 1732 Meridian Ave #504

83

84 City **Miami Beach** FL 85 Zip Code **33139**

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 Byron A Kruczek Treasurer and Director DATE 20 April 1999

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	VEILLETTE, WILFRED	
STREET ADDRESS	1384 S VEXETIAN WAY	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SLAVIN, CONNIE	
STREET ADDRESS	1732 MERIDIAN AVE., #605	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	ESTOPINAN, ORLANDO	
STREET ADDRESS	1732 MERIDIAN AVE., #401	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	PLEWINSKI, C	
STREET ADDRESS	1433 COLLINS AVE	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	SOTO, JULIO	
STREET ADDRESS	1732 MERIDIAN, #405	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	PLEWINSKI, CHAIM	
STREET ADDRESS	1433 COLLINS AVE	
CITY-ST-ZIP	MIAMI BEACH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	BYRON KRUCZEK	
1.3 STREET ADDRESS	1732 Meridian Ave. #504	
1.4 CITY-ST-ZIP	Miami Beach, FL 33139	
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	JULIO SOTO P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	1732 MERIDIAN AVE #405	
5.3 STREET ADDRESS	MIAMI BEACH, FL 33139	
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 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 2 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Julio Soto SIGNATURE REQUIRED Julio Soto DATE 4/20/99 DAYTIME PHONE # 305-651-7110 ext 251

Signature and typed or printed name of signing officer or director

CR2E037 (1/98)