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Jan 22 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 759107 (6)
1. Corporation Name
PALMETTO INDUSTRIAL CONDOMINIUM ASSOCIATION, INC



Principal Place of Business Mailing Address
N. INC. 5582 NW 79TH AVE MIAMI FL 33166 US
N. INC. 5582 NW 79TH AVE MIAMI FL 33166-4124 US

3. Date Incorporated or Qualified 07/13/1981
3a. Date of Last Report 01/24/1996
4. FEI Number 59-2059332
Applied For Not Applicable
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
Suite, Apt #, etc. 22
27
City & State 23
28
Zip Country 24
25 29 30

9. Name and Address of Current Registered Agent
MALINA, JAY
3667 PARK LANE
COCONUT GROVE FL 33133

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Table with 2 columns: Title, Name, Street Address, City-ST-ZIP. Rows include PD MALINA, JAY; SD WAAS, MAXWELL; D WAAS, RICHARD.

Table with 2 columns: Title, Name, Street Address, City-ST-ZIP. Rows for additions/changes to officers and directors.

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: [Signature] 1/2/97 (305) 592-9570
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0032117

CR2E037 (9/96)