


FILE NOW: FILING FEE IS \$61.25

FILED

Jun 06 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N03937 (2)
 1. Corporation Name
MOON TOWER CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business % FLORINDA FERNANDEZ 5033 NW 7TH STREET, NO. 209 MIAMI FL 33126	Mailing Address % FLORINDA FERNANDEZ 5033 NW 7TH STREET, NO. 209 MIAMI FL 33126-3423
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date incorporated or Qualified 06/27/1984	3a. Date of Last Report 06/19/1996
4. FEI Number 59-2205417		Applied For <input type="checkbox"/> 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		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent FERNANDEZ, FLORINDA 5033 NW 7 ST #209 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	
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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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD NAME FERNANDEZ, FLORINDA. STREET ADDRESS 5033 NW 7TH STREET, #209 CITY-ST-ZIP MIAMI FL	<input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VPD NAME LOPEZ, MERCEDES. STREET ADDRESS 5033 NW 7 ST #204 CITY-ST-ZIP MIAMI FL	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE TD NAME VIRGINIA, BENITEZ. STREET ADDRESS 5033 NW 7 ST #407 CITY-ST-ZIP MIAMI FL	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE SD NAME RAUL, REINA STREET ADDRESS 5033 NW 7 ST 203 CITY-ST-ZIP MIAMI FL	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VD NAME NORMA, FAURA STREET ADDRESS 5033 NW 7 ST #503 CITY-ST-ZIP MIAMI FL	<input checked="" type="checkbox"/> DELETE	5.1 TITLE VD 5.2 NAME MERCEDES TARAPA 5.3 STREET ADDRESS 5033 N.W. 7ST # 210 5.4 CITY-ST-ZIP MIAMI FL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE VD NAME PRIMITIVO, CORZO STREET ADDRESS 5033 N.W. 7 ST. 606 CITY-ST-ZIP MIAMI FL	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 _____ DATE _____

CR2E037 (9/96)