

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **N07814** (9)

1. Corporation Name
MILAM AIRPORT PARK MASTER ASSOCIATION, INC.



Principal Place of Business
4995 NW 72ND AVE STE 303
MIAMI FL 33166-2620

Mailing Address
4995 NW 72ND AVE STE 303
MIAMI FL 33166-2620

2. Principal Place of Business 21		2a. Mailing Address 26		3. Date Incorporated or Qualified 02/25/1985	3a. Date of Last Report 06/14/1995
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 59-2778619	Applied For Not Applicable
City & State 23		City & State 28		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
Zip 24	Country 25	Zip 29	Country 30	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 LERMA, GLORIA 4995 NW 72ND AVE #303 MIAMI FL 33166-2620				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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LERMA, GLORIA C		1.2 NAME	
STREET ADDRESS	4995 NW 72ND AVE		1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP	
TITLE	VD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ESPIN, GLADYS		2.2 NAME	
STREET ADDRESS	4995 NW 72ND AVE		2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP	
TITLE	STD	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERTOLA, CARLO CLERICO		3.2 NAME	
STREET ADDRESS	4995 NW 72ND AVE		3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL		3.4 CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Gloria O. Leems*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/18/96 305 554-2948
Daytime Phone #

CR2E037 (12/95)