

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # N20631 (0)
1. Corporation Name

**MIAMI BEACH VICTORIA CONDOMINIUM ASSOCIATION INC
ORPORATED**



Principal Place of Business: **818 MERIDIAN AVENUE MIAMI BEACH FL 33139**
Mailing Address: **818 MERIDIAN AVENUE MIAMI BEACH FL 33139**

3. Date Incorporated or Qualified: **05/11/1987** 3a. Date of Last Report: **05/01/1995**
4. FEI Number: **59-1429140** 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** Suite, Apt. #, etc. **22** City & State **23** Zip **24** Country **25**
2a. Mailing Address: **26** Suite, Apt. #, etc. **27** City & State **28** Zip **29** Country **30**

9. Name and Address of Current Registered Agent
**SMITH, JUANITA
2200 S.W. 20TH ST
MIAMI FL**
DELETE

10. Name and Address of New Registered Agent
81 Name: **CACERES, FELIX**
82 Street Address (P.O. Box Number is Not Acceptable): **818 MERIDIAN AVE. APT. 6**
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: *Felix Caceres* **FELIX CACERES** **06/14/96**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS		
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	BEAUMONT, MR E LEE	
STREET ADDRESS	818 MERIDIAN AVE / APT - 1	
CITY - ST - ZIP	MIAMI BEACH FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	RODRIGUEZ, GREGORIO	
STREET ADDRESS	818 MERIDIAN AVE. APT. 7	
CITY - ST - ZIP	MIAMI BEACH FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	CACERES, FELIX	
STREET ADDRESS	818 MERIDIAN AVE / APT - 6	
CITY - ST - ZIP	MIAMI BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	P.D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	CACERES, FELIX	
1.3 STREET ADDRESS	818 MERIDIAN AVE. APT 6	
1.4 CITY - ST - ZIP	MIAMI BEACH, FL 33139	
2.1 TITLE	S.D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	MENDEZ, ROSA	
2.3 STREET ADDRESS	818 MERIDIAN AVE. APTS 5	
2.4 CITY - ST - ZIP	MIAMI BEACH, FL 33139	
3.1 TITLE	T.D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	QUINONES, JUAN V.	
3.3 STREET ADDRESS	818 MERIDIAN AVE. APT 3	
3.4 CITY - ST - ZIP	MIAMI BEACH, FL 33139	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
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 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: *Juan V. Quinones* **JUAN V. QUINONES** **6/14/96** **(305) 538-6102**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (3/96)