

**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** 2a. Mailing Address: **26**
Suite, Apt. #, etc.: **22** Suite, Apt. #, etc.: **27**
City & State: **23** City & State: **28**
Zip: **24** Country: **25** 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: *Juanita Smith* (NOTE: Registered Agent signature required when reinstating) **FELIX CACERES** DATE: **06/14/96**

| 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 | | |
| 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** DATE: **6/14/96** DAYTIME PHONE #: **(305) 538-6102**

CR2E037 (3/96)