

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

FILED
Apr 01 1996 8:00 am
Secretary of State

DOCUMENT # N24146 (5)
1. Corporation Name
ALAMEDA TOWER 4 CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business: **5440 W. 21ST COURT #403 HIALEAH FL 33016**
Mailing Address: **SPM GROUP INC 299 ALHAMBRA CIRCLE #207 CORAL GABLES FL 33134 US**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/30/1987	3a. Date of Last Report 03/02/1995
21		26		4. FEI Number 65-0058841	Applied For <input type="checkbox"/> Not Applicable
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24. Zip	25. Country	29. Zip	30. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
AGUILERA, RAUL 299 ALHAMBRA CIRCLE SUITE 207 CORAL GABLES FL 33134				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 reappointing) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	PA Justo, Andino <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JUSTO, ADONO	1.2 NAME	5440 W 21 Court NO. 307
STREET ADDRESS	5440 W 21 CT. #307	1.3 STREET ADDRESS	Hialeah, FL 33016
CITY-ST-ZIP	HIALEAH FL	1.4 CITY-ST-ZIP	Hialeah, FL 33016
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	Vice President VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUARTE JACQUELINE	2.2 NAME	PEREZ, Jose
STREET ADDRESS	5440 W. 21 CT #405	2.3 STREET ADDRESS	5440 W. 21 Court # 201
CITY-ST-ZIP	HIALEAH FL	2.4 CITY-ST-ZIP	Hialeah FL
TITLE	S <input checked="" type="checkbox"/> DELETE	3.1 TITLE	SECRETARY S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODRIGUES, EGLYS	3.2 NAME	MENDEZ, Martha
STREET ADDRESS	5440 W. 21 CT #207	3.3 STREET ADDRESS	5460 W. 21 Court # 412
CITY-ST-ZIP	HIALEAH FL	3.4 CITY-ST-ZIP	Hialeah FL
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	
NAME	NOA, MIRIAM	4.2 NAME	
STREET ADDRESS	5460 W 21 CT 110	4.3 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL	4.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	DIRECTOR D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FUENTES, NERY	5.2 NAME	Falcon A Marco
STREET ADDRESS	5440 W 21 CT 206	5.3 STREET ADDRESS	5440 W. 21 Court #206
CITY-ST-ZIP	HIALEAH FL	5.4 CITY-ST-ZIP	Hialeah FL 33016
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	900001765249 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	-04/01/96--01108--034
STREET ADDRESS		6.3 STREET ADDRESS	***61.25
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; 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: **MIRIAM NOA Miriam Noa** **2/20/96** **(305) 828-9666**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)