

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 10 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N24146 (5)

1. Corporation Name

ALAMEDA TOWER 4 CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

Mailing Address

5440 W. 21ST COURT #403  
HIALEAH FL 33016SPM GROUP INC  
299 ALHAMBRA CIRCLE #207  
CORAL GABLES FL 33134-5118  
US3. Date Incorporated or Qualified  
12/30/19873a. Date of Last Report  
04/01/1996

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

65-0058841

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

City &amp; State

City &amp; State

23

28

6. Election Campaign Financing  
Trust Fund Contribution\$5.00 May Be  
Added to Fees

Zip

Country

Zip

Country

24

29

30

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

Yes 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

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
NAME	JUSTO, ADONO	
STREET ADDRESS	5440 W 21 COURT NO. 307	
CITY-ST-ZIP	HIALEAH FL 33016	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	PEREZ, JOSE	
STREET ADDRESS	5440 W. 21 COURT #201	
CITY-ST-ZIP	HIALEAH FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	MENDEZ, MARTHA	
STREET ADDRESS	5460 W. 21 COURT #412	
CITY-ST-ZIP	HIALEAH FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	NOA, MIRIAM	
STREET ADDRESS	5480 W 21 CT 110	
CITY-ST-ZIP	HIALEAH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MARCO, FALCON A	
STREET ADDRESS	5440 W 21 COURT #208	
CITY-ST-ZIP	HIALEAH FL 33016	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	MARCO FALCON A	
1.3 STREET ADDRESS	5440 W 21 CT #206	
1.4 CITY-ST-ZIP	Hialeah, FL 33016	
2.1 TITLE	VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Justo Adono	
2.3 STREET ADDRESS	5440 W 21 CT #307	
2.4 CITY-ST-ZIP	Hialeah, FL 33016	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	NOA MIRIAM	
3.3 STREET ADDRESS	5460 W 21 CT #110	
3.4 CITY-ST-ZIP	Hialeah, FL 33016	
4.1 TITLE	S	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Jose Sanchez	
4.3 STREET ADDRESS	5440 W 21 CT #105	
4.4 CITY-ST-ZIP	Hialeah, FL 33016	
5.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Guan Gonzalez	
5.3 STREET ADDRESS	5440 W 21 CT #305	
5.4 CITY-ST-ZIP	Hialeah, FL 33016	
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0028936

CR2E037 (9/96)