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Mar 04 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N30434 (7)
1. Corporation Name
PRESIDENTIAL CORNERS CONDOMINIUM ASSOCIATION, IN C.



Principal Place of Business Mailing Address
199 SOUTHWEST 12TH AVENUE MIAMI FL 33130-8056
199 SOUTHWEST 12TH AVENUE MIAMI FL 33130-1044

3. Date Incorporated or Qualified 01/31/1989
3a. Date of Last Report 01/31/1996
4. FEI Number 65-0114982 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 2a. Mailing Address
21 Suite, Apt #, etc. 26 Suite, Apt #, etc.
22 City & State 27 City & State
23 Zip 28 Zip Country 29 Country 30

9. Name and Address of Current Registered Agent
MEDINA, LEON, SR.
970 NORTHWEST 6TH STREET
MIAMI FL 33128

10. Name and Address of New Registered Agent
81 Name CESAR RAMOS-FERRER
82 Street Address (P.O. Box Number is Not Acceptable) 199 SW 12TH AVE
83 City MIAMI, FL
84 City MIAMI, FL 85 Zip Code 33130

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] DATE: 1/8/97
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS
TITLE PD DELETE
NAME MEDINA, LEON, SR.
STREET ADDRESS 970 NW 6TH STREET
CITY-ST-ZIP MIAMI FL
TITLE ST DELETE
NAME RAMOS, CESAR SECRETARY "D"
STREET ADDRESS 199 SW 12TH AVE #513
CITY-ST-ZIP MIAMI FL
TITLE VD DELETE
NAME MESA, ADRIAN
STREET ADDRESS 199 S.W. 12TH AVE., #519
CITY-ST-ZIP MIAMI FL
TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE NEW PRESIDENT Change Addition
1.2 NAME Nazareth Botana "D"
1.3 STREET ADDRESS 199 SW th Ave #411 DIRECTOR
1.4 CITY-ST-ZIP Miami, Fl. 33130
2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE VICE SECRETARY-TREAS. Change Addition
3.2 NAME Maria Soto "D"
3.3 STREET ADDRESS 199 SW 12th Ave #511 DIRECTOR
3.4 CITY-ST-ZIP Miami, Fl. 33130
4.1 TITLE Change Addition
4.2 NAME Maria Sobalvarro "D"
4.3 STREET ADDRESS 199 SW 12 th Ave Comercial Unit
4.4 CITY-ST-ZIP Miami, Fl. 33130 IDIRECTOR
5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE Change 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: CESAR RAMOS, SECRETARY [Signature] DATE: 1/8/97 805 325-9798
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # 0028830

CF2E037 (9/96)