

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED

Sep 02 1998 8:00am
 Secretary of State

0004/az

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N31413 (0)
 1. Corporation Name
DAY AVENUE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 3054-1/2 DAY AVENUE MIAMI FL 33133-5109	Mailing Address 3054-1/2 DAY AVENUE MIAMI FL 33133-5109
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3. Date Incorporated or Qualified 03/28/1989	
4. FEI Number 65-0217693	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 28
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State 23	City & State 28
Zip 24	Country 30
Country 25	Country 29

9. Name and Address of Current Registered Agent
**THEVENIN, DEBORAH M
 % MIAMI SCHOOL OF MEDICINE
 1801 NW 12 AVE. SUITE 4044
 MIAMI FL 33131-8803**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code FL

11. Pursuant to the provisions of sections 617.0503 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: *Deborah M. Thevenin* DATE: **8/17/98**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		
TITLE DP	<input type="checkbox"/> DELETE	
NAME THEVENIN, DEBORAH M		
STREET ADDRESS 3054 1/2 DAY AVE.		
CITY-ST-ZIP MIAMI FL		
TITLE DST	<input type="checkbox"/> DELETE	
NAME STARK, STEVEN		
STREET ADDRESS 3054 1/2 DAY AVENUE		
CITY-ST-ZIP MIAMI FL		
TITLE D	<input type="checkbox"/> DELETE	
NAME LOPEZ, ALVARO		
STREET ADDRESS 3054 DAY AVENUE		
CITY-ST-ZIP MIAMI 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
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 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: *Deborah M. Thevenin* **Deborah M. Thevenin** **8/17/98** **(305) 243-6857**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/98)