


FILE NOW: FILING FEE IS \$61.25

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**Jul 23 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Moirham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N9200000914 (3)
 Corporation Name
24 STREET CONDOMINIUM OWNERS, INC.



Principal Place of Business C/O FRANCES MACK 1878 NW 24 STREET APT #3 MIAMI FL 33142	Mailing Address C/O FRANCES MACK 1878 NW 24 STREET APT #3 MIAMI FL 33142
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3. Date Incorporated or Qualified 12/22/1992	
4. FEI Number 65-0352966	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 checked="" 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 checked="" type="checkbox"/> No	

2. Principal Place of Business 21 C/O APARTMENT # 4	2a. Mailing Address 26 C/O APARTMENT # 4
Suite, Apt. #, etc. 22 1878 NW 24 ST.	Suite, Apt. #, etc. 27 1878 NW 24 ST.
City & State 23 MIAMI, FL	City & State 28 MIAMI, FL
Zip 24 33142	Country 25 DADE
Zip 29 33142	Country 30 DADE

9. Name and Address of Current Registered Agent

**MACK, FRANCES
1878 NW 24 STREET
APT #3
MIAMI FL 33142**

10. Name and Address of New Registered Agent

81 Name LUIS E. ARRITOLA	
82 Street Address (P.O. Box Number is Not Acceptable) C/O APARTMENT # 4	
83 1878 NW 24 STREET	
84 City MIAMI	85 Zip Code FL 33142

11. Pursuant to the provisions of Sections 617.0602 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: *Luis E. Arritola* **LUIS E. ARRITOLA** 4/30/98

12. OFFICERS AND DIRECTORS

TITLE	PTD	<input checked="" type="checkbox"/> DELETE
NAME	MACK, FRANCES	
STREET ADDRESS	1878 NW 24 STREET, APT. #3	
CITY-ST-ZIP	MIAMI FL 33142	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	ANDINO, VICTORIA	
STREET ADDRESS	1878 NW 24 STREET, APT. #6	
CITY-ST-ZIP	MIAMI FL 33142	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	RAMIREZ, JOSE	
STREET ADDRESS	1878 NW 24 STREET, APT. #5	
CITY-ST-ZIP	MIAMI FL 33142	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	ARRITOLA, LUIS E.	
STREET ADDRESS	C/O APARTMENT # 4	
CITY-ST-ZIP	1878 NW 24 STREET	
TITLE	MIAMI, FL 33142	<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 D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE D	<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: *Luis E. Arritola* **LUIS E. ARRITOLA** 4/30/98 (305)441-0630

CR2E037 (10/97)