

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

FILED

96 AUG 22 PM 3:01

**SECRETARY OF STATE
 TALLAHASSEE, FLORIDA**

DOCUMENT # N93000000342
 1. Corporation Name

MERIDIAN COURT CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address
**C/O LAKEVIEW MANAGEMENT, INC.
 13388 SW 128 Street
 Miami Florida 33183**

3. Date Incorporated or Qualified 3a. Date of Last Report

21	2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
	Suite, Apt. #, etc.	26	65-0437393	Not Applicable
22	City & State	27	5. Certificate of Status Desired	\$8.75 Additional Fee Required
	Zip	28	<input checked="" type="checkbox"/> <input type="checkbox"/>	\$5.00 May Be Added to Fees
23	Country	29	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> <input type="checkbox"/>
24	Country	30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
Roberto F. Saland 735 Collins Avenue Miami Beach, Florida 33139		81 Name	SAMIRA GHAZAL, P.A.
		82 Street Address (P.O. Box Number is Not Acceptable)	550 Biltmore Way, Suite 710
		83	
		84 City	Coral Gables
		85 State	FL
		86 Zip Code	33134

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: 8/12/96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LARA FAYNER	12 NAME	
STREET ADDRESS	901 Meridian Avenue Apt 204	13 STREET ADDRESS	
CITY - ST - ZIP	Miami Beach, FL 33139	14 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	VPD	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Tom Boelsterl	22 NAME	
STREET ADDRESS	11 Island Avenue Apt 1706	23 STREET ADDRESS	
CITY - ST - ZIP	Miami Beach, FL 33139	24 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	S/ITD	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHRISTINA MERENDI	32 NAME	
STREET ADDRESS	911 Meridian Avenue, Apt 205	33 STREET ADDRESS	
CITY - ST - ZIP	Miami Beach, FL 33139	34 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY - ST - ZIP		44 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 CITY - ST - ZIP	

Permission given by Glen (divin to write in D) for officers listed on 8/22/96.

\$70.00 overpayment from 1995 applied to this filing.

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sect on 119.07(3)(k), Florida Statutes. I further certify that the information included 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: *Lara Fayner* DATE: 8/14/96 DAYTIME PHONE #: 305-447-3800

CR2E037 (3/96)