

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

FILED
97 DEC -4 PM 10:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000004901
1. Corporation Name
Lincoln Towers Condominium

Principal Place of Business
**1300 Lincoln Rd
Miami Beach FL
33139**

Mailing Address
**1300 Lincoln Rd
Office Bldg
Miami Beach FL 33139**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	3a. Date of Last Report
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	65-0580583	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 Zip	28 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	25	29	30
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

Ydalberto Diaz
1300 Lincoln Rd #704
Miami Beach FL 33139

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

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]* (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <input checked="" type="checkbox"/> DELETE	President	11 TITLE <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	Jorge Miranda
NAME	Ricardo A. PONTILLO	12 NAME	1300 Lincoln Rd #604
STREET ADDRESS	1300 Lincoln Rd #701	13 STREET ADDRESS	Miami Bch FL 33139
CITY-ST-ZIP	Miami Beach FL 33139	14 CITY-ST-ZIP	
TITLE <input checked="" type="checkbox"/> DELETE	Secretary	21 TITLE <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	YDALBERTO DIAZ
NAME	Gladis Lopez	22 NAME	11 Island Ave #1510
STREET ADDRESS	1300 Lincoln	23 STREET ADDRESS	Miami Beach FL 33139
CITY-ST-ZIP	Miami Beach FL 33139	24 CITY-ST-ZIP	
TITLE <input checked="" type="checkbox"/> DELETE	Treasurer	31 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	Francisco Matute	32 NAME	
STREET ADDRESS	1300 Lincoln Rd	33 STREET ADDRESS	
CITY-ST-ZIP	Miami Bch FL	34 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE		41 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	200002369622-0
NAME		42 NAME	-12/11/97--01079--004
STREET ADDRESS		43 STREET ADDRESS	*****61.25 *****61.25
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE		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	
TITLE <input type="checkbox"/> DELETE		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	

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 recorder 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, as required, or on an attachment with an address.

SIGNATURE: *[Signature]* **Ricardo A. PONTILLO** **9/23/97 (305)674-7307**
Date Daytime Phone #

CR2E037 (9/96)