


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 04, 1999 8:00 am**  
**Secretary of State**

03-04-1999 90174 046 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N94000006315**

1. Corporation Name

**MOORINGS INTERCONDOMINIUM COUNCIL, INC.**

Principal Place of Business  
 18551 N.E. 14TH AVENUE  
 NORTH MIAMI BEACH FL 33179

Mailing Address  
 18551 N.E. 14TH AVENUE  
 NORTH MIAMI BEACH FL 33179



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		12/27/1994	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-1201500	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing <input type="checkbox"/>	
24		29		\$5.00 May Be Added to Fees	
Country		Country		30	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent				
ABRAMS, BEN 18551 N.E. 14TH AVENUE NORTH MIAMI BEACH FL 33179				81	Name			ANASTASIO GOYANES
				82	Street Address (P.O. Box Number is Not Acceptable)			18551 N.E. 14th. AVENUE
				83	City			NORTH MIAMI BEACH
				84	City			NORTH MIAMI BEACH
				85	Zip Code			33179-4822

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 Anastasio Goyanes DATE 02-04-99

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ABRAMS, BEN			1.2 NAME	ANASTASIO GOYANES		
STREET ADDRESS	1591 N.E. MIAMI GARDENS DR			1.3 STREET ADDRESS	1481 N.E. MIAMI GARDENS DRIVE		
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33179			1.4 CITY-ST-ZIP	NORTH MIAMI BEACH FL 33179		
TITLE	SD	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GUST, NORMAN			2.2 NAME	HARRY FRIED		
STREET ADDRESS	18707 N.E. 14TH AVE			2.3 STREET ADDRESS	1481 N.E. MIAMI GARDENS DRIVE		
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33179			2.4 CITY-ST-ZIP	NORTH MIAMI BEACH FL 33179		
TITLE	TD	<input type="checkbox"/> DELETE		3.1 TITLE	T.D.	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WEISMAN, TRUDIE			3.2 NAME	TRUDIE WEISMAN		
STREET ADDRESS	18707 N.E. 14TH AVE			3.3 STREET ADDRESS	18707 N.E. 14th. AVENUE		
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33179			3.4 CITY-ST-ZIP	NORTH MIAMI BEACH, FL. 33179		
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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, with all other like empowered.

SIGNATURE: Anastasio Goyanes DATE: 02-04-99

(305) 945-6956  
 (305) 949-5238

CR2E037 (1/198)