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Jun 23, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N95000002314					
1. Corporation Name THE PRESIDENT CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 2601 S BAYSHORE DRIVE SUITE 1250 MIAMI FL 33133 US			Mailing Address 2601 S BAYSHORE DRIVE SUITE 1250 MIAMI FL 33133 US		
2. Principal Place of Business 21 SY-LO ENT. CORP. 22 P.O. BOX 557967 23 MIAMI, FL 24 33155 25 USA		2a. Mailing Address 26 P.O. BOX 557967 27 MIAMI, FL 28 33255 29 USA		3. Date incorporated or Qualified 05/11/1995 4. FEI Number 65-0674107 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	
9. Name and Address of Current Registered Agent ROBERT A. FREEMAN, P.A. 2601 S. BAYSHORE DR. STE 1425 MIAMI FL 33133			10. Name and Address of New Registered Agent 81 Name SY-LO ENT. CORP. 82 Street Address (P.O. Box Number is Not Acceptable) 130 MADEIRA AVE. 83 84 City CORAL GABLES 85 Zip Code FL 33134		
11. Pursuant to the provisions of Sections 617.0502 and 617.5508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, to 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 <i>[Signature]</i> DATE 6/10/99 <small>Signature, typed or printed name of registered agent and agent applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE PD <input type="checkbox"/> DELETE NAME MAGGI, MICHELE STREET ADDRESS 2601 S BAYSHORE DRD., STE 1250 CITY-ST-ZIP MIAMI FL 33133			1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		
TITLE VD <input type="checkbox"/> DELETE NAME FREEMAN, ROBERT A ESQ. STREET ADDRESS 2601 S BAYSHORE DR., STE 1250 CITY-ST-ZIP MIAMI FL 33133			2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		
TITLE STD <input type="checkbox"/> DELETE NAME FRANCES, LOURDES STREET ADDRESS 2601 S BAYSHORE DR., STE 1250 CITY-ST-ZIP MIAMI FL 33133			3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS 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		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS 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		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS 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 of Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/10/99 **3054460333**
Date Daytime Phone #

CR2E037 (1/98)