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Jun 02 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N95000003635 (8)

1. Corporation Name

FLORIDA TOWER CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

Mailing Address

2937 SOUTH WEST 27TH AVENUE  
SUITE 201  
MIAMI FL 33133

2937 SOUTH WEST 27TH AVENUE  
SUITE 201  
MIAMI FL 33133-3772

*L.M. Quality Mgmt*

3. Date incorporated or Qualified  
08/01/1995

3a. Date of Last Report  
06/01/1996

2. Principal Place of Business

2a. Mailing Address

21 4001 N.W 5 st

26 4001 N.W 5 st

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

28 City & State

MIAMI FL

MIAMI FL 33126

24 Zip

25 Country

29 Zip

30 Country

33126 DAE'

33126

4. FEI Number

65-0628532

Applied For  
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MACHADO, MARCOS  
2937 SOUTH WEST 27TH AVENUE  
SUITE 201  
MIAMI FL 33133

81 Name LUZMARY NUÑEZ  
82 Street Address (P.O. Box Number is Not Acceptable) 4001 N.W. 5 st  
83  
84 City MIAMI FL 85 Zip Code 33126

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]*

LUZMARY NUÑEZ

4/1/97

Signature, typed or printed name of registered agent, and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME MACHADO, MARCOS  
STREET ADDRESS 2937 SOUTH WEST 27TH AVENUE, SUITE 201  
CITY - ST - ZIP MIAMI FL 33133

1.1 TITLE PD CARLO GIASSI  
1.2 NAME  
1.3 STREET ADDRESS 6422 COLLINS AVE  
1.4 CITY - ST - ZIP MIAMI BEACH FL 33141

TITLE STD  
NAME FEHER, RICARDO  
STREET ADDRESS 2937 SOUTH WEST 27TH AVENUE, SUITE 201  
CITY - ST - ZIP MIAMI FL 33133

2.1 TITLE TD SCOTT ROSEAU  
2.2 NAME  
2.3 STREET ADDRESS 6422 COLLINS AVE  
2.4 CITY - ST - ZIP MIAMI BEACH FL 33141

TITLE D  
NAME SLEIMAN, ADRIANA  
STREET ADDRESS 2937 SOUTH WEST 27TH AVENUE, SUITE 201  
CITY - ST - ZIP MIAMI FL 33133

3.1 TITLE SD CARLO GIASSI  
3.2 NAME  
3.3 STREET ADDRESS 6422 COLLINS AVE  
3.4 CITY - ST - ZIP MIAMI BEACH FL 33141

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 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 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:

*[Signature]* CARLO GIASSI 4/1/97 541/215

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 4/1/97 Daytime Phone 0028822

CR2E037 (9/96)