

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. Mortham Secretary of State DIVISION OF CORPORATIONS
--	--

DOCUMENT # N95000005080 (5)
 1. Corporation Name
EMLY CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 2199 NW 20 STREET MIAMI FL 33142	Mailing Address 2199 NW 20 STREET MIAMI FL 33142
--	--

3. Date Incorporated or Qualified 10/26/1995	3a. Date of Last Report
4. FEI Number 65-0637714	Applied For <input type="checkbox"/> Not Applicable
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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

21. Principal Place of Business Suite, Apt. #, etc.	22. Mailing Address Suite, Apt. #, etc.
23. City & State	24. City & State
25. Zip	26. Zip
27. Country	28. Country

9. Name and Address of Current Registered Agent
~~VIERA, ARSENIO JR
 2199 NW 20 STREET
 MIAMI FL 33142~~

10. Name and Address of New Registered Agent

81 Name M. A. MERCHANT
82 Street Address (P.O. Box Number is Not Acceptable) 2199 N.W. 20 ST.
83
84 City MIAMI
85 Zip Code FL 33142

11. Pursuant to the provisions of Sections 617.0502 and 617.1506, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, 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]* **MERCHANT PREST.** DATE: **7-12-96**

12. OFFICERS AND DIRECTORS

TITLE	PTB	<input checked="" type="checkbox"/> DELETE
NAME	VIERA, ARSENIO JR	
STREET ADDRESS	72 S.W. 31 ROAD	
CITY-ST-ZIP	MIAMI FL 33129	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	VIERA, DILMA	
STREET ADDRESS	72 S.W. 31 ROAD	
CITY-ST-ZIP	MIAMI FL 33129	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	VIERA, MELIDA	
STREET ADDRESS	72 S.W. 31 ROAD	
CITY-ST-ZIP	MIAMI FL 33129	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12/

1.1 TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	M. A. MERCHANT	
1.3 STREET ADDRESS	2199 N.W. 20 ST #1	
1.4 CITY-ST-ZIP	MIAMI FL 33142	
2.1 TITLE	ESPER. ISSA	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	ESPER. ISSA	
2.3 STREET ADDRESS	2199 N.W. 20 ST # 6, 7, 8	
2.4 CITY-ST-ZIP	MIA. FLA. 33142	
3.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	NATALIA ZAMBRANO	
3.3 STREET ADDRESS	2199 N.W. 20 ST # 5	
3.4 CITY-ST-ZIP	MIAMI FL 33142	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 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		
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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]* **MERCHANT PREST.** DATE: **7-12-96** DAYTIME PHONE: **305-326-1300**

CR2E037 (3/96)