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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N95000005080

1. Corporation Name
EMILY CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business 2199 NW 20 STREET MIAMI FL 33142	Mailing Address 2199 NW 20 STREET MIAMI FL 33142
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21 Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 10/26/1995
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	4. FEI Number 65-0637714
23 City & State	28 City & State	Applied For Not Applicable
24 Zip	29 Zip	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
25 Country	30 Country	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

MERCHANT, M.A.
 2199 NW 20 STREET
 MIAMI FL 33142

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MERCHANT, M.A.	
STREET ADDRESS	2199 NW 20 STREET #1	
CITY-ST-ZIP	MIAMI FL 33142	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ESPER, ISSA	
STREET ADDRESS	2199 NW 20 STREET #6,7,8	
CITY-ST-ZIP	MIAMI FL 33142	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	BENITES, LUIS	
STREET ADDRESS	2199 N.W. 20 ST., #4	
CITY-ST-ZIP	MIAMI FL	
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	VP-D	<input checked="" type="checkbox"/> Change <input 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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	P/DIT LUIS BENITES	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS	2199 N.W. 20 ST., #4	
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 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 in an attachment with an address, with all other like empowered.

SIGNATURE: *Walter M. ...* **REQUIRED** _____ DATE _____ DAYTIME PHONE # _____

CR2E037 (1/98)