

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY - 1 PM 1:13

DOCUMENT # **734849** (3)

1. Corporation Name

WEST FLAGLER HERITAGE NUMBER TWO CONDOMINIUM, INC.
C.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **01/27/1976** 3a. Date of Last Report **04/19/1994**

4. FEI Number **59-1775204** 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**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 189.032, Florida Statutes. Yes No

Principal Place of Business		Mailing Address	
131 SW 109 AVE STE L-9 MIAMI FL 33174 US		131 S.W. 109TH AVENUE #L-9 MIAMI FL 33174 US	
21	2. Principal Place of Business	26	2a. Mailing Address
22	Suite, Apt. # etc.	27	Suite, Apt. # etc.
23	City & State	28	City & State
24	Zip	29	Country
25	Country	30	Zip

9. Name and Address of Current Registered Agent

SIERRA, MARIA
131 SW 109 AVE
STE L-9
MIAMI FL 33174

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: *[Signature]*
Registered Agent (print name and address)

12. OFFICERS AND DIRECTORS

TITLE	P/D
NAME	SIERRA, MARIA
STREET ADDRESS	131 S.W. 109TH AVENUE, #L-9
CITY, ST, ZIP	MIAMI, FL 00000
TITLE	S/D
NAME	MUNOZ, MIGUEL E
STREET ADDRESS	131 SW 109 AVE, STE L-4
CITY, ST, ZIP	MIAMI FL
TITLE	D
NAME	DIAZ, AMELIA
STREET ADDRESS	121 SW 109 AVE, STE M-0
CITY, ST, ZIP	MIAMI FL
TITLE	T/D
NAME	HERNANDEZ, IRENE
STREET ADDRESS	120 S.W. 108TH AVENUE, #1-4
CITY, ST, ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12?

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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 110.07(3)(b), 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 of this filing, or as an attachment with an address.

SIGNATURE: *[Signature]* **Maria Sierra** 4/24/95 (305) 220-5684
President