

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

APPROVED AND FILED

95 MAY -1 PH 3:32

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

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-06/16/95--01038--002
****130.00 ****130.00**

DO NOT WRITE IN THIS SPACE

CORPORATION ANNUAL REPORT 1995

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

DOCUMENT # 716223 (3)
1. Corporation Name
FOUR PARTNERS CONDOMINIUM, INC.

Principal Place of Business Mailing Address
601 85TH ST. MIAMI BEACH FL 33141 **601 85TH ST. MIAMI BEACH FL 33141**

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

3. Date Incorporated or Qualified 03/19/1969	3a. Date of Last Report 02/21/1994
4. FEI Number 65-0043651	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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

MITRANI, JERI
9124 COLLINS AVE
APT 301
SURFSIDE FL 33154

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
FL 33141

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 607.0508, Florida Statutes.

SIGNATURE

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

NOTE Registered Agent signature required when consisting

DATE

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	COTERA, FERMIN
STREET ADDRESS	601 85 ST #1
CITY-ST-ZIP	MIAMI BEACH, FL 00000
TITLE	I
NAME	GREENBERG, SOFIA
STREET ADDRESS	601 85 ST APT2
CITY-ST-ZIP	MIAMI BEACH, FL 00000
TITLE	S
NAME	MITRANI, JERI
STREET ADDRESS	601 85 ST APT 4
CITY-ST-ZIP	MIAMI BEACH, FL 00000
TITLE	VP
NAME	COTERA, SILA
STREET ADDRESS	601 85 ST APT 3
CITY-ST-ZIP	MIAMI BEACH, FL 00000
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	COTERA, FERMIN	
1.3 STREET ADDRESS	601-85 ST #2	
1.4 CITY-ST-ZIP	MIAMI Bch FL 33141	
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	GREENBERG, SOFIA	
2.3 STREET ADDRESS	601-85 ST #2	
2.4 CITY-ST-ZIP	MIAMI Bch, FL 33141	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	COTERA SILA	
4.3 STREET ADDRESS	601-85 ST #1	
4.4 CITY-ST-ZIP	MIAMI Bch, FL 33141	
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 110.07(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: *Fermin Cotera* **4-15-95** **867-0971**
Jeri Mitrani - Secy. **4-15-95** **865-1096**

REMITTED BY MAY 1