FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B Mortham Secretary of State

FILED

Secretary of State

Jan 29 1996 8:00 am

Daytime Phone ≢

DIVISION OF CORPORATIONS

1996

Principal Place of Business

SIGNATURE

716782

(8)

Mailing Address

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

DOCUMENT # 1. Corporation Name STAR MERIDIAN CONDOMINIUM, INC.

528 MERIDIAN AVENUE MIAMI BEACH FL 33139 US			#101	MIAMI BEACH FL 33139				3	3. Date Incorpora 06/24/1		ed	3a. Date of t		
	Place of Busine	ess		2a. Mailing Address				4	1. FEI Number				À	pplied For
21 2 2 Suite. Apt. #, etc				Suite, Apt. #, etc.					59-144	1200		<u> </u>		ot Applicable Additional
22			27					5	5. Certificate of S	status Desirec	ı [equired
City & State				City & State			6	Election Camp Trust Fund Co	-	- 				
Zip	Country			Zip Country			8	8. This corporation has liability for intangible tay under s. 199.032,						
24 25 26 9. Name and Address of Current Reg								Florida Statutes Yes M No 10. Name and Address of New Registered Agent						
	9. Name	and Address of Curr	ant negisteret	Agent		81	Name	11	U. Name and Ac	ocress or Ne	w negis	itered Agent		
00115														
COHEN, IRENE				82 Street Add			Address (F	P.O. Box Numbe	r is Not Acce	ptable)				
528 MERIDIAN AVE				83							· · · · · · · · · · · · · · · · · · · 			
MIAMI BEACH FL 33139													····	
						84	City					FL 85	Zip	Code
or regist	ered agent, or vith, and acce	ons of Sections 617.056 both, in the State of Fic of the obligations of, Section and of the section of the sect	rida. Such cha	nge was authoriz , Florida Statutes	zed by the c	ono උදු	oration's	board of	directors. I hereb	y accept the	appointm	nent as regist	ered :	agent. I am
12.		OFFICERS A	ND DIRECTOR		13.				ADDITIONS/C	HANGES TO	OFFICER	RS AND DIRE	CTO	RS IN 12
TITLE	P			DELETE		t LE		ì				Cha	nge	Addition
NAME	1	COHEN, IRENE		121		1 2 NAME								
STREET ADDRESS	1	RICIAN AVE #101				13 STREET ADDRESS								
CITY - ST - ZIP		3CH, FL 00000				1.4 CITY+ST+ZIP 2.1 TITLE						Cha		Addition
TITLE	BO	DAMIAN, GEORGE				2 1 IIILE 2 2 NAME						1 ∟ cıa	nge	Madition
NAME Proces approces	1	•		23		2.3 STREET ADDRESS 2.4 CHY-SI-ZIP								
STREET ADDRESS		RIDIAN AVE #301												
CITY-ST-ZIP TITLE	BD BD	3CH, FL 00000				3 1 TITLE						☐ Cha	nae	Addition
NAME		ES, DORA				3 2 NAME							•	
STREET ADDRESS	I	RICIAN AVE #202				3 3 STREET ADDRESS								
CITY-ST-ZIP	1	3CH, FL 00000			3 4. C	 	ST - ZIP							
TITLE	BD				4.1 Ti	4.1 TITLE						☐ Cha	nge	Addition
NAME	HECHT	, nathan		4 2 1		4 2 NAME		<u> </u>						
STREET ADDRESS	528 ME	RIDIAN AVE #201			435	REET	ADDRESS	İ						
CHTY - ST - ZIP	MAMI	3CH, FL 00000		DELETE	4 4 C	TY - S	SI - ZIP					· - · · · · · · · · · · · · · · · · · ·		
TITLE	S			5 1 TI	5 1 TITLE						Cha	inge	Addition	
NAME		GUNTHER, RIEGLHOER			52 N	5.2 NAME								
STREET ADDRESS		RIDIAN #200					ADDRESS							
CITY - ST - ZIP	→ MIAMI 6	BEACH FL 33139		DELETE			ST - ZIP					Cha	inne	Addition
TITLE	0.035	MONTH IN INIT			61T)							□ cna	nige	AUGILION
NAME STOCKT ADDRESS		NSKI, JUNE			62 N		r ADDDECC							
STREET ADDRESS		RIDIAN AVE. #401					ADDRESS							
14. I do her	eby certify that	BEACH FL 33139 the information supplie	d with this filing	is voluntarily furr	nished and	doe	st-zip is not qua	Lalify for the	e exemption state	ed in Section	119.07/3	I)(k), Florida S	Statute	s. I further
certify the	nat the informa at Lam an offic	stion indicated on this ar per or director of the cor r Block 13 if changed, c	nual report or s poration or the	supplemental and receiver or truste	nual report i ee empowe	s tru	ue and ac	curate an	nd that my signat	ure shall have	e the sam	ne legal effect	as if	made under