

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 714570 (9)

1. Corporation Name

5-33 MERIDIAN CONDOMINIUM, INC.

Principal Place of Business

533 MERIDIAN AVE.
MIAMI BEACH FL 33139

Mailing Address

533 MERIDIAN AVE.
MIAMI BEACH FL 33139



3. Date Incorporated or Qualified

05/08/1968

3a. Date of Last Report

06/21/1995

2. Principal Place of Business

2a. Mailing Address

21 533 MERIDIAN CONDO INC.

26 533 MERIDIAN CONDO INC

4. FEI Number

59-2675522

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 533 MERIDIAN AVE

27 533 MERIDIAN AVE BOX

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

City & State

City & State

23 MIAMI BEACH FL

28 MIAMI BEACH FL

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24 33139

25

29 33139

30

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MOLINA, ONEYDA
644 MERIDIAN AVE.
APT. 7
MIAMI BEACH FL 33139

81 Name

SAME

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

1418 LENOX AVE

83

84 City

MIAMI BEACH

FL

85 Zip Code

33138

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MOLINA, ONEYDA	
STREET ADDRESS	1418 LENOX AVE.	
CITY-ST-ZIP	MIAMI BEACH FL 33138	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	CAMPBELL, DAVID	
STREET ADDRESS	390 NE 107 ST.	
CITY-ST-ZIP	MIAMI FL 33161	
TITLE	SO	<input type="checkbox"/> DELETE
NAME	SPAGNOLA, ROBERT	
STREET ADDRESS	1390 OCEAN DR.	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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:

ONEYDA MOLINA PD.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-26-96

Date

305-673-6337

Daytime Phone #

CR2E037 (12/95)