

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # 734849 (3)**  
1. Corporation Name  
**WEST FLAGLER HERITAGE TWO CONDOMINIUM, INC.**

Principal Place of Business Mailing Address  
**131 S.W. 109th Ave. # L-9 400 S.W. 107th Ave.  
Miami, FL 33174 Suite # 312  
Miami, FL 33174**

3. Date Incorporated or Qualified **01/27/1976** 3a. Date of Last Report **04/24/95**

2. Principal Place of Business <b>21 Same as above</b>		2a. Mailing Address <b>26 Same as above</b>		4. FEI Number <b>59-1775204</b>		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
Zip	Country	Zip	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<b>24</b>	<b>25</b>	<b>29</b>	<b>30</b>				

## 9. Name and Address of Current Registered Agent

**MARIA SIERRA  
131 S.W. 109th Ave. # 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	<b>FL</b> 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1504, 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 617.0504, Florida Statutes.

SIGNATURE *[Signature]*  
Signature, typed or printed name of registered agent and title (applicable)

(NOTE: Registered Agent signature required when reinstating)

**4/25/96**  
DATE

## 12. OFFICERS AND DIRECTORS

TITLE	<b>PRESIDENT / D</b>	<input type="checkbox"/> DELETE
NAME	<b>MARIA SIERRA</b>	
STREET ADDRESS	<b>131 S.W. 109th Ave. # L-9</b>	
CITY-ST-ZIP	<b>Miami, FL 33174</b>	
TITLE	<b>TREASURER / D</b>	<input type="checkbox"/> DELETE
NAME	<b>IRENE HERNANDEZ</b>	
STREET ADDRESS	<b>120 S.W. 108th Ave. # I-4</b>	
CITY-ST-ZIP	<b>Miami, FL 33174</b>	
TITLE	<b>SECRETARY / D</b>	<input type="checkbox"/> DELETE
NAME	<b>MIGUEL MUNOZ</b>	
STREET ADDRESS	<b>131 S.W. 108th Ave. L-4</b>	
CITY-ST-ZIP	<b>Miami, FL 33174</b>	
TITLE	<b>DIRECTOR</b>	<input type="checkbox"/> DELETE
NAME	<b>ANTONIO RIGNAK</b>	
STREET ADDRESS	<b>10851 S.W. 2nd. St. # K-106</b>	
CITY-ST-ZIP	<b>Miami, FL 33174</b>	
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	

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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: *[Signature]* **Maria Sierra 4/26/96 (305) 220-5684**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR President Date Daytime Phone #

CR2E037 (12/95)