

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
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 Miami, FL 33174 **400 S.W. 107th Ave. 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 21 Same as above	2a. Mailing Address 26 Same as above	4. FEI Number 59-1775204	Applied For <input type="checkbox"/> Not Applicable
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 City & State	28 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24 Zip	25 Country	29 Zip	30 Country
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MARIA SIERRA
131 S.W. 109th Ave. # L-9
Miami, FL 33174

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 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 categories of, Section 617.0504, Florida Statutes.

SIGNATURE *Maria Sierra*

4/25/96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRESIDENT / D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARIA SIERRA	1.2 NAME	
STREET ADDRESS	131 S.W. 109th Ave. # L-9	1.3 STREET ADDRESS	
CITY-ST-ZIP	Miami, FL 33174	1.4 CITY-ST-ZIP	
TITLE	TREASURER / D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	IRENE HERNANDEZ	2.2 NAME	
STREET ADDRESS	120 S.W. 108th Ave. # I-4	2.3 STREET ADDRESS	
CITY-ST-ZIP	Miami, FL 33174	2.4 CITY-ST-ZIP	
TITLE	SECRETARY / D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MIGUEL MUNOZ	3.2 NAME	
STREET ADDRESS	131 S.W. 108th Ave. L-4	3.3 STREET ADDRESS	
CITY-ST-ZIP	Miami, FL 33174	3.4 CITY-ST-ZIP	
TITLE	DIRECTOR <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANTONIO RIGNAK	4.2 NAME	
STREET ADDRESS	10851 S.W. 2nd. St. # K-106	4.3 STREET ADDRESS	
CITY-ST-ZIP	Miami, FL 33174	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	300001808643
STREET ADDRESS		5.3 STREET ADDRESS	-05/06/96--01025--027
CITY-ST-ZIP		5.4 CITY-ST-ZIP	***61.25
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *Maria Sierra* **Maria Sierra 4/26/96 (305) 220-5684**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)