FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

* Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997
DOCUMENT #

729051

(3)

MIRAMAR TERRACE CONDOMINIUM ASSOCITION, INC.

MINAMAN TENNACE CONDOMINIUM ASSOCITION, INC.						
Principal Place of Business Mailing Address						81 61811 81811 81811 91811 81811 81812 1881
1051 S.W. 1ST STREET MIAMI FL 33130		1051 S.W. 1ST STREET MIAMI FL 33130-1043				
					3. Date Incorporated or Qualified 03/12/1974	3a. Date of Last Report 08/06/1996
2. Principal Pla 21	ace of Business	2a. Mailing Address 26			4. FEI Number NOT APPLICABLE	Applied For Not Applicable
Suite, Apt. #, etc 27		Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be	
23 Zip	Country Zip		Count	rv	Trust Fund Contribution 8. This corporation has liability in it	Added to Fees
24	25 29 30					Yes No
	9. Name and Address of Currer	nt Registered Agent	• •		10. Name and Address of New Reg	Jistered Agent
			8	1 Name		
FLAVELL, ROBERT			8	2 Street Add	dress (P.O. Box Number is Not Acceptab	le)
2701 PONCE DE LEON BLVD SUITE 302			8	3		
CORAL GABLES FL 33134				4 City		85 Zip Code
				"		FL T
11. Pursuant t	o the provisions of Sections 617.050 egistered agent, or both, in the State	02 and 617,1508, Florida Statu e of Florida, Such change was	tes, the abo authorized	ove-named cor by the corpora	rporation submits this statement for the pation's board of directors. I hereby accep	urpose of changing its registered it the appointment as registered
agent I ar	m familiar with, and accept the oblig	ations of, Section 617.0503, Fi	lorida Statut	es.	,	
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if applicable (NO	TE: Registered A	on signature requ	ulred when reinstating)	DATE
12.		ID DIRECTORS	13.	<u> </u>	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12
TITLE	PD	DELETE	11 TITE			Change Addition
NAME	NICOLAS, MIRANDA		1.2 NAM	E		
STREET ADDRESS	1051-SW 1 ST #111			EET ADDRESS		
CITY-ST-7IP	MIAMI FL 33130		1.4 CITY 2.1 TITL	-ST-ZIP		Change Addition
TITLE NAME	TD Ferreiro, Jose M.	L. DERETE	2.1 HILL 2.2 NAM			
STREET ADDRESS	1051 S.W. 1ST ST. #301			EET ADORESS		
CITY-ST-7IP	MIAMI FL 33130			Y-ST-ZIP		
TITLE	SD	DELETE	3.1 TITL			Change Addition
NAME	ORTIZ, JOSEFINA		3.2 NAM	IE		
STREET ADDRESS	1051 S.W. 1ST ST. #410		3.3 STR	EET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33130	I nevere		Y-ST-ZIP		Change Addition
TITLE NAME	VPD ZAMORA, MODESTO	☐ DELETE	4.1 TITL 4. 2 NAI			m Angulie m Angulun
STREET ADDRESS	1051 SW 1ST STREET, APT	#311	1	EET ADDRESS		
CITY - ST - 7IP	MIAMI FL 33130	# J I I		-ST-ZIP		
TITLE	HIH WILL I L GO TOO	DELETE	5.1 TITL			☐ Change ☐ Addition
NAMê			5.2 NAN	IE		14 0 13
STREET ADDRESS			5.3 STR	EET ADDRESS		七 かり
CITY - ST - ZIP			5.4 CITY	'-\$T-ZIP		
TITLE		DELETE	6.1 TITL		CHARLE TO THE TOTAL TO THE TANK THE	☐ Chánge ☐ Addition
NAME			6.2 NAA		90000208 -02/14/970103	* ©U f3 ??nig
STHEET ADDRESS				EET ADDRESS	***61.25	JJ 1010
CITY - ST - ZIP			6.4 CIT	r-ST-ZIP	THE COURT AND OTHER PROPERTY.	

4. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 31 if changed, or on an aftachment with an address.

SIGNATURE:

(NICHOLNE YERRANDA) B.S

547-2195

FILED

Feb 13 1997 8:00am

Secretary of State