

FILE NOW: FILING FEE IS \$61.25

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Apr 17 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **734849** (3)

1. Corporation Name

WEST FLAGLER HERITAGE NUMBER TWO CONDOMINIUM, IN C.



Principal Place of Business 131 SW 109 AVE STE L-9 MIAMI FL 33174 US	Mailing Address 131 S.W. 109TH AVENUE- #L-9 MIAMI FL 33174-1000 US
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2. Principal Place of Business 21	2a. Mailing Address 26 400 S.W. 107 AVE.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 Suite 312
City & State 23	City & State 28 Miami, FL
Zip 24	Country 25
33174	USA

3. Date Incorporated or Qualified 01/27/1976	3a. Date of Last Report 05/01/1996
4. FEI Number 59-1775204	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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 SIERRA, MARIA 131 SW 109 AVE STE L-9 MIAMI FL 33174	
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10. Name and Address of New Registered Agent	
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 617.1808, 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]* DATE **4/10/97**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		
TITLE	PO	<input type="checkbox"/> DELETE
NAME	SIERRA, MARIA	
STREET ADDRESS	131 S.W. 109TH AVENUE, #L-9	
CITY-ST-ZIP	MIAMI, FL 00000	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	MUNOZ, MIGUEL E	
STREET ADDRESS	131 SW 109 AVE, STE L-4	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	RIGNAK, ANTONIO	
STREET ADDRESS	10851 S.W. 2ND ST. #K-100	
CITY-ST-ZIP	MIAMI FL 33174	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	HERNANDEZ, IRENE	
STREET ADDRESS	120 S.W. 108TH AVENUE, #1-4	
CITY-ST-ZIP	MIAMI FL	
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	DIRECTOR	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	ROBERTO VILCHES	
3.3 STREET ADDRESS	130 S.W. 108 Ave. # J-10	
3.4 CITY-ST-ZIP	Miami, FL 33174	
4.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	GEORGINA OTERO	
4.3 STREET ADDRESS	130 S.W. 108 Ave. # J-11	
4.4 CITY-ST-ZIP	Miami, FL 33174	
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 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 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* DATE **4/10/97** (305) 220-5684
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Maria Sierra President** Daytime Phone # **0032796**

CR2E037 (9/96)