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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

DOCUMENT # 734849 (3)  
1. Corporation Name  
WEST FLAGLER HERITAGE NUMBER TWO CONDOMINIUM, IN C.



Principal Place of Business Mailing Address  
131 SW 109 AVE STE L-9 MIAMI FL 33174 US  
131 SW 109TH AVENUE #L-9 MIAMI FL 33174 US

3. Date Incorporated or Qualified 01/27/1976  
3a. Date of Last Report 05/01/1996

21. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country  
22. 400 S.W. 107 AVE. Suite 312 Miami, FL 33174 USA  
23. 25. 29. 30.

4. FEI Number 59-1775204 Applied For Not Applicable  
5. Certificate of Status Desired \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees  
6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent  
SIERRA, MARIA  
131 SW 109 AVE  
STE 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  
85 Zip Code FL

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: *Maria Sierra* DATE: 4/10/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PO	1.1 TITLE	
NAME	SIERRA, MARIA	1.2 NAME	
STREET ADDRESS	131 S.W. 109TH AVENUE, #L-9	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 00000	1.4 CITY-ST-ZIP	
TITLE	SD	2.1 TITLE	
NAME	MUNOZ, MIGUEL E	2.2 NAME	
STREET ADDRESS	131 SW 109 AVE, STE L-4	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	
TITLE	<del>D</del>	3.1 TITLE	DIRECTOR
NAME	<del>RIGNAK, ANTONIO</del>	3.2 NAME	ROBERTO VILCHES
STREET ADDRESS	<del>10951 S.W. 2ND ST. #K-100</del>	3.3 STREET ADDRESS	130 S.W. 108 Ave. # J-10
CITY-ST-ZIP	<del>MIAMI FL 33174</del>	3.4 CITY-ST-ZIP	Miami, FL 33174
TITLE	DT	4.1 TITLE	DIRECTOR
NAME	HERNANDEZ, IRENE	4.2 NAME	GEORGINA OTERO
STREET ADDRESS	120 S.W. 108TH AVENUE, #1-4	4.3 STREET ADDRESS	130 S.W. 108 Ave. # J-11
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	Miami, FL 33174
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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 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: *Maria Sierra* DATE: 4/10/97 (305) 220-5684  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR President Daytime Phone # 0032796

CR2E037 (9/96)