


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED

Sep 11 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 # **761068** (6)
1. Corporation Name
CHRISTOPHER PLAZA CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 1736 S.W. 19 ST. MIAMI FL 33145	Mailing Address 1736 S.W. 19 ST. MIAMI FL 33145
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21		2a. Mailing Address 26		3. Date Incorporated or Qualified 01/12/1982		3a. Date of Last Report 08/22/1996	
Sulte, Apt. #, etc. 22		Sulte, Apt. #, etc. 27		4. FEI Number 65-0192709		Applied For <input type="checkbox"/> Not Applicable	
City & State 23		City & State 28		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	
Zip 24		Country 25		Zip 29		Country 30	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							

9. Name and Address of Current Registered Agent GALVEZ, HECTOR 1736 S.W. 19 ST. 202 MIAMI FL 33145				10. Name and Address of New Registered Agent 81 Name TOSAR, TELVIA 82 Street Address (P.O. Box Number is Not Acceptable) 1736 SW 19 ST 83 # 303 84 City Miami FL 85 Zip Code 33145			
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 *Telvia G. Tosar* **President** **9/4/97**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12?			
TITLE	PTD	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	PTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GALVEZ, HECTOR			1.2 NAME	TOSAR, TELVIA		
STREET ADDRESS	1736 SW 19 ST, 202			1.3 STREET ADDRESS	1736 SW 19 ST, 303		
CITY-ST-ZIP	MIAMI FL 33145			1.4 CITY-ST-ZIP	MIAMI, FL 33145		
TITLE	TD	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WRIGHT, ARACELY			2.2 NAME	ALDAMA, RICARDO		
STREET ADDRESS	1736 SW 19 ST, 202			2.3 STREET ADDRESS	3178 SW 22ND TBER		
CITY-ST-ZIP	MIAMI FL 33145			2.4 CITY-ST-ZIP	MIAMI, FL 33145		
TITLE	D	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ZAMBRANO, JULIO			3.2 NAME	WRIGHT, ARACELY		
STREET ADDRESS	1736 SW 19 ST, 202			3.3 STREET ADDRESS	1736 SW 19 ST #202		
CITY-ST-ZIP	MIAMI FL 33145			3.4 CITY-ST-ZIP	MIAMI, FL 33145		
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				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			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
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 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 *Telvia G. Tosar* **SIGNATURE REQUIRED** **9.4.97** **305-851-1252**

CR2E037 (4/97)