

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 04 1998 8:00am
Secretary of State

DOCUMENT # **744090** (2)
1. Corporation Name
EUCLID PLAZA ASSOCIATION, INC., A CONDOMINIUM

Principal Place of Business Mailing Address
618 EUCLID AVE. **618 EUCLID AVE.**
MIAMI BEACH FL 33139-8628 **MIAMI BEACH FL 33139-8628**

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 City & State
24 Zip 25 Country 29 Zip 30 Country

3. Date Incorporated or Qualified
08/29/1978
4. FEI Number **59-1991594** ☒ 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
7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
RIOS, ANA
3560 N 37TH STREET
HOLLYWOOD FL 33021
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 617.1508, 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	ABASCAL, BEATRIZ M.	1.2 NAME	
STREET ADDRESS	618 EUCLID AVE, #403	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BCH. FL	1.4 CITY-ST-ZIP	
TITLE	STD	2.1 TITLE	
NAME	CORO, LESLIE	2.2 NAME	
STREET ADDRESS	618 EUCLID AVE, #201	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BCH. FL	2.4 CITY-ST-ZIP	
TITLE	VD	3.1 TITLE	
NAME	RIOS, AVA	3.2 NAME	
STREET ADDRESS	3560 N 37TH STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
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 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: _____

ROSARIO RE (STD)

1/16/98 (305) 535-0103

CR2E037 (10/97)