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Apr 06 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> 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

Mailing Address

**131 SW 109 AVE  
STE L-9  
MIAMI FL 33174  
US**

**400 SW 107 AVE  
STE #312  
MIAMI FL 33174  
US**

3. Date Incorporated or Qualified

**01/27/1976**

4. FEI Number

**59-1775204**

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

**21** Suite, Apt. #, etc.

**26** Suite, Apt. #, etc.

**22** City & State

**27** City & State

**23** Zip

Country

**28** Zip

Country

**24**

**25**

**29**

**30**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SIERRA, MARIA  
131 SW 109 AVE  
STE L-9  
MIAMI FL 33174**

**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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**3/30/98**

12. OFFICERS AND DIRECTORS

TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>SIERRA, MARIA</b>	
STREET ADDRESS	<b>131 S.W. 109TH AVENUE, #L-9</b>	
CITY-ST-ZIP	<b>MIAMI, FL 00000</b>	

TITLE	<b>SD</b>	<input type="checkbox"/> DELETE
NAME	<b>MUNOZ, MIGUEL E</b>	
STREET ADDRESS	<b>131 SW 109 AVE, STE L-4</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>VILCHES, ROBERTO</b>	
STREET ADDRESS	<b>130 SW 108 AVE, #J-10</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	

TITLE	<b>DT</b>	<input type="checkbox"/> DELETE
NAME	<b>HERNANDEZ, IRENE</b>	
STREET ADDRESS	<b>120 S.W. 108TH AVENUE, #I-4</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>OTERO, GEORGINA</b>	
STREET ADDRESS	<b>130 SW 108TH AVE, J-11</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	

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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

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 checked="" type="checkbox"/> Addition
6.2 NAME	<b>Director</b>
6.3 STREET ADDRESS	<b>Armando Penedo</b>
6.4 CITY-ST-ZIP	<b>13220 S.W. 28 Terrace</b>

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, upon attachment with an address.

SIGNATURE: **X** *Armando Penedo* **Maria Sierra 3/30/98 (305) 220-8849**

CP2E037 (10/97)