

FILE NOW: FILING FEE IS \$61.25

FILED
May 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N32145 (7)			
1. Corporation Name MIAMI AIRPORT PARK VI CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business C/O GLORIA C. LERMA 4995 NW 72ND AVENUE, SUITE 303 MIAMI FL 33166		Mailing Address C/O GLORIA C. LERMA 4995 NW 72ND AVENUE, SUITE 303 MIAMI FL 33166	
2. Principal Place of Business 21 Miami Airport Park VI Suite, Apt. #, etc.		2a. Mailing Address 26 111 FONTAINEBLEAU BLVD. Suite, Apt. #, etc.	
22 City & State 23 Miami FL		27 City & State 28 Miami FL	
24 Zip 25 33172		30 Country 31 U.S.A.	
9. Name and Address of Current Registered Agent LERMA, GLORIA C. 4995 N.W. 72ND AVENUE SUITE 303 MIAMI FL 33166			
10. Name and Address of New Registered Agent 81 Name Ana Rodriguez 82 Street Address (P.O. Box Number is Not Acceptable) 7074 N.W. 50 Street 83 84 City Miami FL 85 Zip Code 33166			
11. Pursuant to the provisions of Sections 617.0532 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] DATE: 4-24-98			
12. OFFICERS AND DIRECTORS 1.1 TITLE PD 1.2 NAME LERMA, GLORIA C. 1.3 STREET ADDRESS 4995 NW 72ND AVENUE 1.4 CITY-ST-ZIP MIAMI FL 1.5 TITLE VD 1.6 NAME BERTOLA, CARLOS CLERICO 1.7 STREET ADDRESS 4995 NW 72ND AVENUE 1.8 CITY-ST-ZIP MIAMI FL 1.9 TITLE STD 1.10 NAME ESPIN, GLADYS 1.11 STREET ADDRESS 4995 NW 72ND AVENUE 1.12 CITY-ST-ZIP MIAMI FL 1.13 TITLE 1.14 NAME 1.15 STREET ADDRESS 1.16 CITY-ST-ZIP 1.17 TITLE 1.18 NAME 1.19 STREET ADDRESS 1.20 CITY-ST-ZIP			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 2.1 TITLE President 2.2 NAME Arnold Perlstein PD 2.3 STREET ADDRESS 7074 N.W. 50 St. 2.4 CITY-ST-ZIP Miami FL 33166 2.5 TITLE Vice Pres. 2.6 NAME WILLIAM YIDI 2.7 STREET ADDRESS 7074 N.W. 50 Street 2.8 CITY-ST-ZIP Miami FL 33166 2.9 TITLE Secy. Treasurer 2.10 NAME CALVIN BABCOCK 2.11 STREET ADDRESS 7074 N.W. 50 Street 2.12 CITY-ST-ZIP Miami FL 33166 2.13 TITLE STD 2.14 NAME 2.15 STREET ADDRESS 2.16 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: [Signature] DATE: 4-24-98 DAYTIME PHONE: 305-544-1801			

CR2E037 (10/97)