


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
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DOCUMENT # **N97000006418 (4)**

1. Corporation Name

HARBIE CENTER CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 520 BRICKELL KEY DR SUITE 0-305 MIAMI FL 33131		Mailing Address 520 BRICKELL KEY DR SUITE 0-305 MIAMI FL 33131		3. Date Incorporated or Qualified 11/14/1997	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number Applied For	
21		26		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
22		27		7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
City & State		City & State		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
23		28			
Zip		Zip			
24		29			
Country		Country			
25		30			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HABER, ROBERT M
520 BRICKELL KEY DR
SUITE 0-305
MIAMI FL 33131**

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 617.1508, 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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	AS
NAME	HARBIE, YOUSEFF	1.2 NAME	Haber, Robert M.
STREET ADDRESS	2315 NW 107TH AVE	1.3 STREET ADDRESS	520 Brickell Key Drive, Suite 0-305
CITY-ST-ZIP	MIAMI FL 33172	1.4 CITY-ST-ZIP	Miami, FL 33131
TITLE	PD	2.1 TITLE	
NAME	HARBIE, MIKHAEL	2.2 NAME	
STREET ADDRESS	2315 NW 107TH AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33172	2.4 CITY-ST-ZIP	
TITLE	STD	3.1 TITLE	
NAME	HARBIE, VICTOR	3.2 NAME	
STREET ADDRESS	2315 NW 107TH AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33172	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:



ASSISTANT SECRETARY

4-30-98

(305) 374-2800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

0026593

CR2E037 (10/97)