


FILE NOW: FILING FEE IS \$61.25

FILED

Feb 08, 1999 8:00am  
Secretary of State

02-08-1999 90061 004 \*\*\*\*\*61.25

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # **744090**

1. Corporation Name

**EUCLID PLAZA ASSOCIATION, INC., A CONDOMINIUM**

Principal Place of Business

**618 EUCLID AVE.  
MIAMI BEACH FL 33139-8628**

Mailing Address

**618 EUCLID AVE.  
SUITE 403  
MIAMI BEACH FL 33139-8628**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		08/29/1978	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-1991594	
Country		Country		Applied For	
24		29		Not Applicable	
25		30		5. Certificate of Status Desired <input type="checkbox"/>	
				\$8.75 Additional Fee Required	
				6. Election Campaign Financing <input type="checkbox"/>	
				\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ABASCAL, BEATRIZ M  
618 EUCLID AVE.  
SUITE 403  
MIAMI BEACH FL 33139**

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	08/29/1978
NAME	ABASCAL, BEATRIZ M	1.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	618 EUCLID AVE, #403	1.3 STREET ADDRESS	59-1991594
CITY-ST-ZIP	MIAMI BCH. FL 33139	1.4 CITY-ST-ZIP	
TITLE	STD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VERITE, JORDI R	2.2 NAME	
STREET ADDRESS	618 EUCLID AVE, #403	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL 33139	2.4 CITY-ST-ZIP	
TITLE	VD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CORO, CARIDAD	3.2 NAME	
STREET ADDRESS	618 EUCLID AVE, #403	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL 33139	3.4 CITY-ST-ZIP	
TITLE		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		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		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 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, with all other like empowered.

SIGNATURE:  SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-18-99 (305) 672-7373

CR2E037 (11/98)