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NONPROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 716782

1. Corporation Name

STAR MERIDIAN CONDOMINIUM, INC.

Principal Place of Business	Mailing Address
528 MERIDIAN AVENUE MIAMI BEACH FL 33139 US	C/O ACTION GENERAL SERVICES P.O. BOX 110548 HIALEAH FL 33011-0548 US

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed
21	26	06/24/1969
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1441200 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

GARRETT, DAWN M
528 MERIDIAN AVE
#205
MIAMI BEACH FL 33139

10. Name and Address of New Registered Agent

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 J. Rafael Manrique (Rafael Manrique) 2/3/99
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	P ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	GARRETT, DAWN M	1.2 NAME	
STREET ADDRESS	528 MERIDIAN AVE #205	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL 33139	1.4 CITY-ST-ZIP	
TITLE	VD ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	MANRIQUE, RAFAEL	2.2 NAME	
STREET ADDRESS	133 S.W. 113TH AVE #102	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33174	2.4 CITY-ST-ZIP	
TITLE	SD ☐ DELETE	3.1 TITLE	☑ Change ☐ Addition
NAME	GREEN, WARREN	3.2 NAME	
STREET ADDRESS	528 MERIDIAN AVE #402A	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33139	3.4 CITY-ST-ZIP	
TITLE	T ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	BETANCOURT, ESTELLA	4.2 NAME	
STREET ADDRESS	1816 N.W. 118TH TERR	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33125	4.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	MOLLINER, JOSE	5.2 NAME	
STREET ADDRESS	930 WAREN AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI SPRINGS FL 33166	5.4 CITY-ST-ZIP	
TITLE	BM ☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	COHEN, IRENE	6.2 NAME	
STREET ADDRESS	528 MERIDIAN AVE #101	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL 33139	6.4 CITY-ST-ZIP	

CR2E037 (11/98)

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: J. Rafael Manrique ED 2/3/99 305-554-0595
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #