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03-23-1999 90018 011 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 716223

1. Corporation Name
FOUR PARTNERS CONDOMINIUM, INC.

Principal Place of Business 601 85TH ST. MIAMI BEACH FL 33141	Mailing Address 601 85TH ST. MIAMI BEACH FL 33141
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 03/19/1969 4. FEI Number 65-0043651 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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9. Name and Address of Current Registered Agent MITRANI, JERI 9124 COLLINS AVE APT 301 SURFSIDE FL 33154	10. Name and Address of New Registered Agent 81 Name COTERA FERMIN 82 Street Address (P.O. Box Number is Not Acceptable) 601 - 85 ST 83 APT # 1 84 City MIAMI BEACH FL 85 Zip Code 33141
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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]* **3-17-1999**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS TITLE <input type="checkbox"/> DELETE NAME D. COTERA, FERMIN STREET ADDRESS 601 85 ST #1 CITY-ST-ZIP MIAMI BEACH FL 33141 TITLE <input type="checkbox"/> DELETE NAME D. CORO, ANTONIO STREET ADDRESS 601 85 ST APT 2 CITY-ST-ZIP MIAMI BEACH FL TITLE <input checked="" type="checkbox"/> DELETE NAME S. MITRANI, JERI STREET ADDRESS 601 85 ST APT 4 CITY-ST-ZIP MIAMI BEACH, FL 00000 TITLE <input type="checkbox"/> DELETE NAME D. COTERA, SILA STREET ADDRESS 601 85 ST APT 3 CITY-ST-ZIP MIAMI BEACH FL 33141 TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP 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 checked="" type="checkbox"/> Addition 3.2 NAME S. FERMIN-RAMON-COTERA 3.3 STREET ADDRESS 601 - 85 ST, APT # 4 3.4 CITY-ST-ZIP MIAMI BEACH, FL 33141 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 type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP
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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]* **3-17-1999**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)