

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham, Secretary of State
DIVISION OF CORPORATIONS

FILED

01 MAY 17 PM 1:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # N95000003873 (5)

1. Corporation Name

3375/3377 SW 29 STREET CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address
2100 PONCE DE LEON BLVD., STE. 1170 2100 PONCE DE LEON BLVD., STE. 1170
CORAL GABLES FL 33134 CORAL GABLES FL 33134

3. Date Incorporated or Qualified 08/14/1995
4. FEI Number NOT APPLICABLE Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.
22. City & State 27. City & State
23. Zip 28. Zip Country 29. Zip Country
24. 25. 29. 30.

5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? Yes No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

ALONSO-POCH, MANUEL
2100 PONCE DE LEON BLVD., STE. 1170
CORAL GABLES FL 33134

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 [Signature] DATE 4/23/01
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ALONSO-POCH, MANUEL	
STREET ADDRESS	2100 PONCE DE LEON BLVD., STE. 1170	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ALONSO, MANUEL	
STREET ADDRESS	2817 SW 37 CT.	
CITY-ST-ZIP	MIAMI FL 33134	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ALONSO III, MANUEL	
STREET ADDRESS	5301 SW 62ND AVE.	
CITY-ST-ZIP	MIAMI FL 33155	
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	VICE PRESIDENT
2.3 STREET ADDRESS	600004416875
2.4 CITY-ST-ZIP	-06/13/01 -01010-025 ****420.00 ****420.00
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	MARIA POCH
4.3 STREET ADDRESS	2917 SW 37 CT
4.4 CITY-ST-ZIP	MIAMI, FLORIDA 33134 PRES DIR
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	D Richard Edwin
5.3 STREET ADDRESS	2817 SW 37th Court
5.4 CITY-ST-ZIP	Miami, FL 33134
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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: Maria Poch, Vice President DATE: 3/21/01 305 445 1230

CR2E037 (10/97)