

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 205961 (6)

1. Corporation Name
MIAMI SHORES CO-OP APTS INC



Principal Place of Business: 770 NE 91 ST, APT 1, MIAMI SHORES FL 33138, US
Mailing Address: 700 NE 93 ST, MIAMI SHORES FL 33138

3. Date Incorporated or Qualified: 09/16/1957
3a. Date of Last Report: 01/10/1995

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

4. FEI Number: 59-6066283 Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CAWEIN, HOWARD D.
700 NE 93 ST.
MIAMI SHORES FL 33138

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PT CAWEIN, HOWARD D. <input type="checkbox"/> DELETE	1.1 TITLE	D AZALLA BROWNING <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	700 NE 93 ST.	1.2 NAME	770 NE 91 ST # 7
STREET ADDRESS	MIAMI SHORES, FL 00000	1.3 STREET ADDRESS	MIAMI SHORES, FL 33138
CITY - ST - ZIP		1.4 CITY - ST - ZIP	
TITLE	SVP MACMASTER, MIMI <input type="checkbox"/> DELETE	2.1 TITLE	
NAME	770 NE 91 ST #2	2.2 NAME	
STREET ADDRESS	MIAMI SHORES, FL 00000	2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE	D MALOLEY, HERB <input type="checkbox"/> DELETE	3.1 TITLE	
NAME	770 NE 91 ST #3	3.2 NAME	
STREET ADDRESS	MIAMI SHORES FL	3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	D CANNADY, BEATRICE V <input type="checkbox"/> DELETE	4.1 TITLE	
NAME	770 NE 91 ST #6	4.2 NAME	
STREET ADDRESS	MIAMI SHORES FL	4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	D BOWER, FRED C <input type="checkbox"/> DELETE	5.1 TITLE	
NAME	770 NE 91 ST #6	5.2 NAME	
STREET ADDRESS	MIAMI SHORES FL	5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	D CLEMENTS, HARRY <input type="checkbox"/> DELETE	6.1 TITLE	
NAME	770 NE 91 ST #5	6.2 NAME	
STREET ADDRESS	MIAMI SHORES FL	6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/96 (Date)

(305) 757-1018 (Telephone #)

CR2E034 (12/95)