

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **708015 (3)**

1. Corporation Name

644 MERIDIAN BUILDING, INC., A CONDOMINIUM



Principal Place of Business Mailing Address
**644 MERIDIAN AVE
APT 3
MIAMI BEACH FL 33139
US**

3. Date Incorporated or Qualified **10/27/1964** 3a. Date of Last Report **02/13/1995**

2. Principal Place of Business 2a. Mailing Address
644 MERIDIAN AVE
Suite, Apt. #, etc. **APT 5**
City & State **MIAMI BEACH, FL**
Zip **33139** Country **USA**

4. FEI Number **59-1270526** 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
**HARMON, MARJON Y
644 MERIDIAN AVE APT 3
MIAMI BEACH FL 33139**

10. Name and Address of New Registered Agent
81 Name **Celestino Lavaniegos**
82 Street Address (P.O. Box Number is Not Acceptable) **644 MERIDIAN AVENUE, Apt 5**
83
84 City **MIAMI BEACH** FL 85 Zip Code **33139**

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 **Celestino Lavaniegos**, **Celestino LAVANIEGOS** 3/25/96
Signature typed or printed name of registered agent (and name if applicable) DATE (If a shared Agent signature is required, when missing)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	LAVANIEGOS, CELESTINO	
STREET ADDRESS	644 MERIDIAN AVE APT 5	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	NUNEZ-CUENCA, GUILLERMINA	
STREET ADDRESS	2457 COLLINS AVE., APT 1706	
CITY-ST-ZIP	MIAMI FL	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	HARMON, MARION	
STREET ADDRESS	644 MERIDIAN AVE., APT 3	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	RAVELO, FELIX	
STREET ADDRESS	644 MERIDIAN AVE #4	
CITY-ST-ZIP	MIAMI BCH FL	
TITLE	BETANCOURT, AGUEDA	<input type="checkbox"/> DELETE
NAME	644 MERIDIAN AVENUE # 3	
STREET ADDRESS	MIAMI BEACH, FL 33139	
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	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	LAVANIEGOS, Celestino	
1.3 STREET ADDRESS	644 MERIDIAN AVE, Apt 5	
1.4 CITY-ST-ZIP	MIAMI BEACH, FL 33139	
2.1 TITLE	M/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	MANAGING DIRECTOR	
2.3 STREET ADDRESS	NUNEZ-CUENCA, GUILLERMINA	
2.4 CITY-ST-ZIP	2457 COLLINS AVE, Apt 1706 MIAMI BEACH 33140	
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	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	RAVELO Felix	
4.3 STREET ADDRESS	644 MERIDIAN AVE, # 4	
4.4 CITY-ST-ZIP	MIAMI BEACH, FL 33139	
5.1 TITLE	STD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	BETANCOURT, AGUEDA	
5.3 STREET ADDRESS	644 MERIDIAN AVE # 3	
5.4 CITY-ST-ZIP	MIAMI BEACH, FL 33139	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	600001787876	
6.3 STREET ADDRESS	-04/21/96--01003--033	
6.4 CITY-ST-ZIP	***61.25	

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **G. NUNEZ-CUENCA** 2/12/96 (305) 375-3293
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #

CR2E037 (12/95)

4-19-96