

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 08 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

**DOCUMENT # 708015 (3)**

1. Corporation Name  
**644 MERIDIAN BUILDING, INC., A CONDOMINIUM**

Principal Place of Business <b>644 MERIDIAN AVE APT 3 MIAMI BEACH FL 33139 US</b>	Mailing Address <b>644 MERIDIAN AVE APT 5 MIAMI BEACH FL 33139-6444</b>
--	--



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

<b>3.</b> Date Incorporated or Qualified <b>10/27/1964</b>	<b>3a.</b> Date of Last Report <b>04/19/1996</b>
<b>4.</b> FEI Number <b>59-1270526</b>	Applied For <input type="checkbox"/> Not Applicable
<b>5.</b> Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
<b>6.</b> Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
<b>8.</b> This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

**9. Name and Address of Current Registered Agent**

**LAVANIEGOS, CLESTINO**  
**644 MERIDIAN AVE**  
**APT 5**  
**MIAMI BEACH FL 33139**

**10. Name and Address of New Registered Agent**

<b>81</b> Name	<b>Hector Bermudez</b>
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)	<b>644 MERIDIAN AVENUE, Apt 14</b>
<b>83</b>	<b>MIAMI BEACH</b>
<b>84</b> City	<b>FL</b>
<b>85</b> Zip Code	<b>33139</b>

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 provisions of Section 617.0503, Florida Statutes.

SIGNATURE *Hector Bermudez* (Hector Bermudez, President) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LAVANIEGOS, CELESTINO	1.2 NAME	Hector BERMUDEZ
STREET ADDRESS	644 MERIDIAN AVE APT 5	1.3 STREET ADDRESS	644 MERIDIAN AVENUE, APT 14
CITY-ST-ZIP	MIAMI BEACH FL	1.4 CITY-ST-ZIP	MIAMI BEACH, FL 33139
TITLE	MD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	MD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NUNEZ-CUENCA, GUILERMINA	2.2 NAME	MARIA ESCARRA
STREET ADDRESS	2457 COLLINS AVE, APT M06	2.3 STREET ADDRESS	644 MERIDIAN AVENUE, APT 12
CITY-ST-ZIP	MIAMI BEACH FL 33140	2.4 CITY-ST-ZIP	MIAMI BEACH, FL 33139
TITLE	VD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RAVELO, FELIX	3.2 NAME	AGUEDA, BETANCOURT
STREET ADDRESS	644 MERIDIAN AVE, #4	3.3 STREET ADDRESS	3590 S.W. 2 Street
CITY-ST-ZIP	MIAMI BEACH FL 33139	3.4 CITY-ST-ZIP	Miami, FL 33135
TITLE	SD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	MD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BETANCOURT, AGUEDA	4.2 NAME	NUNEZ-CUENCA, GUILERMINA
STREET ADDRESS	644 MERIDIAN AVE #3	4.3 STREET ADDRESS	2457 COLLINS AVE # 1706
CITY-ST-ZIP	MIAMI BEACH FL 33139	4.4 CITY-ST-ZIP	MIA BEACH, FL 33140
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 *Hector Bermudez* DATE

CR2E037 (9/96)