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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 708015

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

Principal Place of Business: 644 MERIDIAN AVE APT 3 MIAMI BEACH FL 33139 US
 Mailing Address: 644 MERIDIAN AVE APT 5 MIAMI BEACH FL 33139



21	2. Principal Place of Business 644 Meridian Ave	26	2a. Mailing Address	3.	Date Incorporated or Qualified 10/27/1964
22	Suite, Apt. #, etc. APT 12	27	Suite, Apt. #, etc.	4.	FEI Number 59-1270526
23	City & State MIAMI BEACH	28	City & State	5.	Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24	Zip FL 33139	29	Country U.S.	6.	Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent BERMUDEZ, HECTOR 644 MERIDIAN AVE APT 4 APT 5 MIAMI BCH FL 33139		10. Name and Address of New Registered Agent	
81	Name HECTOR BERMUDEZ	82	Street Address (P.O. Box Number is Not Acceptable) 821 COLLINS AVE, APT 304
83		84	City MIAMI BEACH
		85	Zip Code FL 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERMUDEZ, HECTOR	1.2 NAME	
STREET ADDRESS	644 MERIDIAN AVENUE APT 14	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BCH FL	1.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ESCARRA, MARIA	2.2 NAME	
STREET ADDRESS	644 MERIDIAN AVE APT 12	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BCH FL	2.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LLAVNIEGOS, CELESTINO	3.2 NAME	
STREET ADDRESS	644 MERIDIAN AVE APT 5	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BCH FL 33139	3.4 CITY-ST-ZIP	
TITLE	MD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NUNEZ-CUENCA, GUILLERMINA	4.2 NAME	
STREET ADDRESS	2457 COLLINS AVE #1706	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BCH FL	4.4 CITY-ST-ZIP	
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 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: S. NUNEZ-CUENCA **SIGNATURE REQUIRED** 01/27/99 305-5320795
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (11/98)