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**Feb 06 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 708278 (7)

1. Corporation Name
820 THIRD ST., INC. A CONDOMINIUM



Principal Place of Business 10410 SW 42 TERR. MIAMI FL 33165 US	Mailing Address 10410 SW 42 TERR. MIAMI FL 33165 US
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3. Date Incorporated or Qualified 11/17/1964	
4. FEI Number NOT APPLICABLE	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 10410SW 42TERR	2a. Mailing Address 26 10410SW 42TERR
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 MIAMI
City & State 23 MIAMI Fla	City & State 28 MIAMI Fla
Zip 24 33165	Country 25 US
Zip 29 33165	Country 30 US

9. Name and Address of Current Registered Agent

**CRUZ, JORGE
10410 SW 42 TERR.
MIAMI FL 33165**

10. Name and Address of New Registered Agent

81 Name **JORGE CRUZ**
 82 Street Address (P.O. Box Number Is Not Acceptable)
10410SW 42TERR
 83
 84 City **MIAMI** FL 85 Zip Code **33165**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PTD	<input type="checkbox"/> DELETE
NAME	CRUZ, JORGE	
STREET ADDRESS	10410 SW 42 TERR.	
CITY-ST-ZIP	MIAMI FL 33165	
TITLE	T	<input type="checkbox"/> DELETE
NAME	CRUZ, ESTERLILA	
STREET ADDRESS	10410 SW 42 TERR.	
CITY-ST-ZIP	MIAMI FL 33165	
TITLE	S	<input type="checkbox"/> DELETE
NAME	DE-ZAYAS, JOSE	
STREET ADDRESS	820 3 ST #9	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	DMP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	JORGE CRUZ	
1.3 STREET ADDRESS	10410SW 42TERR	
1.4 CITY-ST-ZIP	MIAMI FL 33165	
2.1 TITLE	FD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	ESTERLILA CRUZ	
2.3 STREET ADDRESS	10410SW 42TERR	
2.4 CITY-ST-ZIP	MIAMI Fla 33165	
3.1 TITLE	SO	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	JOSE DE ZAYAS	
3.3 STREET ADDRESS	820 3ST #9	
3.4 CITY-ST-ZIP	MIAMI BEACH FL 33139	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
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: *Jorge Cruz* **Jorge Cruz PTD** 1/3/98 **3055382000**

Date Daytime Phone # 0032075

CR2E037 (10/97)