


FILE NOW: FILING FEE IS \$61.25

FILED

May 14 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 709638 (1)

1. Corporation Name
1035 MERIDIAN CONDOMINIUM INCORPORATED

Principal Place of Business 1035 MERIDIAN AVE. MIAMI BEACH FL 33139	Mailing Address 1035 MERIDIAN AVE. MIAMI BEACH FL 33139-8335
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 09/23/1965	3a. Date of Last Report 02/29/1996
4. FEI Number 59-2662398	Applied For <input 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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**MARRONE, NICHOLAS A
1039 MERIDIAN AVE.
UNIT 7
MIAMI BEACH FL 33139**

10. Name and Address of New Registered Agent

81 Name **TORRES, ANGELICA**
82 Street Address (P.O. Box Number is Not Acceptable)
1035 MERIDIAN AVE #1
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 Angelica Torres 2/16/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	TORRES, ANGELICA	
STREET ADDRESS	1035 MERIDIAN AVE., #1	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	BUQUET, OLGA	
STREET ADDRESS	301 S 64TH AVE.	
CITY-ST-ZIP	MIAMI FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	MARRONE, NICHOLAS A	
STREET ADDRESS	1035 MERIDIAN AVE., #7	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	CHORAS CORTEZ, DEMETRA	
STREET ADDRESS	1406 MICHIGAN AVE.	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	PETITON, JAMES	
STREET ADDRESS	3420 NW 34TH STREET	
CITY-ST-ZIP	LAUDERDALE LA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	PRESIDENT / DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		BUQUET, OLGA	
1.3 STREET ADDRESS		301 S 64TH AVE	
1.4 CITY-ST-ZIP		MIAMI, FL 33139	
2.1 TITLE	D	VICE PRESIDENT / DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		CHORAS CORTEZ, DEMETRA	
2.3 STREET ADDRESS		1406 MICHIGAN AVE	
2.4 CITY-ST-ZIP		MIAMI BEACH, FL 33139	
3.1 TITLE		TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME		VOLENEL, RUDY	
3.3 STREET ADDRESS		5912 SW 42 TERRACE	
3.4 CITY-ST-ZIP		MIAMI, FL 33155	
4.1 TITLE	D	SECRETARY / DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		TORRES, ANGELICA	
4.3 STREET ADDRESS		1035 MERIDIAN AVE #1	
4.4 CITY-ST-ZIP		MIAMI BEACH, FL 33139	
5.1 TITLE	D	MEMBER / DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME		BENDER, BRUCE	
5.3 STREET ADDRESS		1020 MERIDIAN AVE #302	
5.4 CITY-ST-ZIP		MIAMI BEACH, FL 33139	
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 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 Angelica Torres 2/16/97

CR2E037 (9/96)