


FILE NOW: FILING FEE IS \$61.25

FILED
Apr 15 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 711734 (4)
1. Corporation Name
827 COLLINS BUILDING, INC.

Principal Place of Business 825 COLLINS AVENUE APTO #10 MIAMI BEACH FL 33139 US	Mailing Address 825 COLLINS AVENUE APTO #10 MIAMI BEACH FL 33139 US
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3. Date Incorporated or Qualified
11/01/1966

4. FEI Number 65-0492276	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
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2. Principal Place of Business 21 825 COLLINS AVE Suite, Apt. #, etc. 22 # 10 City & State 23 MIAMI BEACH Zip 24 33139	2a. Mailing Address 26 SAME Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 25 U.S.A 30
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

PERDIGON, JORGE
825 COLLINS AVE, APTO #10
MIAMI BEACH FL 33139

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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: Jorge Perdigon DATE: 3/30/98

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	1.1 TITLE	PD
NAME	DE SEA, RUI FRANCO	1.2 NAME	DE SEA, RUI FRANCO
STREET ADDRESS	8862 SW 6 LANE	1.3 STREET ADDRESS	8862 SW 6 LANE
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	MIAMI-FLD.
TITLE	VD	2.1 TITLE	VD
NAME	AUBREY, MARITZA	2.2 NAME	AUBREY, MARITZA
STREET ADDRESS	17306 SW 40 PLACE	2.3 STREET ADDRESS	17306 SW 40 PLACE
CITY-ST-ZIP	BELLEVUE WA	2.4 CITY-ST-ZIP	BELLEVUE, WA.
TITLE	TSD	3.1 TITLE	TSD.
NAME	PERDIGON, JORGE	3.2 NAME	PERDIGON JORGE
STREET ADDRESS	825 COLLINS AVE., #10	3.3 STREET ADDRESS	825 COLLINS AVE #10
CITY-ST-ZIP	MIAMI BEACH FL	3.4 CITY-ST-ZIP	MIAMI-BEACH, FL.
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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.

SIGNATURE: Jorge Perdigon DATE: 3/30/98 305-554-7300

CR2E037 (10/97)