

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Apr 25 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 713432
 1. Corporation Name
713 COLLINS CONDOMINIUM, INC.

Principal Place of Business	Mailing Address
713 COLLINS AVENUE Miami Beach, Fl 33139	713 COLLINS AVENUE #22 Miami Beach, Fl. 33139

3. Date Incorporated or Qualified 10/06/1967	3a. Date of Last Report 01/24/1997
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2. Principal Place of Business	2a. Mailing Address
21. Sute, Apt. #, etc.	26. Sute, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
25. Country	29. Country
	30. Country

4. FEI Number 59-1379861	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" 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 checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

Morales, Dalio
713 Collins Ave. # 21
Miami Beach, Fl. 33139

10. Name and Address of New Registered Agent

81 Name	Pamela Sutton		
82 Street Address (P.O. Box Number is Not Acceptable)	5901 S.W. 94th Avenue		
83			
84 City	Miami	85 Zip Code	FL 33173

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 607.0505, Florida Statutes.

SIGNATURE: **Pamela R. Sutton Secretary/Treasurer** *Pamela R. Sutton* **4-17-97**
(Type or print name of registered agent and title if applicable) (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	Krieger, Leah	
STREET ADDRESS	713 Collins Ave #38	
CITY-ST-ZIP	Miami Beach, Fl. 33139	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	Sutton, Pamela	
STREET ADDRESS	5901 S.W. 94th Ave	
CITY-ST-ZIP	Miami, Fl. 33173	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	Morales, Dalio	
STREET ADDRESS	713 Collins Ave #21	
CITY-ST-ZIP	Miami, 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	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	William Borelly	
1.3 STREET ADDRESS	713 Collins Ave #32	
1.4 CITY-ST-ZIP	Miami Beach, Fl. 33139	
2.1 TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Sutton, Pamela	
2.3 STREET ADDRESS	5901 S.W. 94th Ave	
2.4 CITY-ST-ZIP	Miami, Fl. 33173	
3.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Smith, Juanita	
3.3 STREET ADDRESS	2200 S.W. 20th St.	
3.4 CITY-ST-ZIP	Miami, Fl. 33145	
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		

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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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **William Borelly** *William Borelly* **4/20/97(305) 538-6270**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)