


FILE NOW: FILING FEE IS \$61.25

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Apr 02, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 713432

1. Corporation Name
713 COLLINS CONDOMINIUM, INC.

Principal Place of Business 713 COLLINS AVENUE APT. 21 MIAMI BEACH FL 33139	Mailing Address 713 COLLINS AVENUE APT 32 MIAMI BEACH FL 33139
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2. Principal Place of Business 21 713 COLLINS AVENUE Suite, Apt. #, etc. 22 APT #28 City & State 23 MIAMI BEACH, FL Zip Country 24 33139 25 DADE	2a. Mailing Address 26 713 COLLINS AVENUE Suite, Apt. #, etc. 27 APT #28 City & State 28 MIAMI BEACH, FL. Zip Country 29 33139 30 DADE	3. Date Incorporated or Qualified 10/06/1967	4. FEI Number 59-1379861 Applied For 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

9. Name and Address of Current Registered Agent SUTTON, PAMELA 5901 SW 94TH AVENUE MIAMI FL 33173	10. Name and Address of New Registered Agent 81 Name DALIO MORALES 82 Street Address (P.O. Box Number is Not Acceptable) 713 COLLINS AVENUE #28 83 84 City MIAMI BEACH FL 85 Zip Code 33139
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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 *Dalio Morales* DATE 02/31/99
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD <input checked="" type="checkbox"/> DELETE	NAME BORELLY, WILLIAM	1.1 TITLE PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME DALIO MORALES
STREET ADDRESS 713 COLLINS AVENUE	CITY-ST-ZIP MIAMI BEACH FL 33139	1.3 STREET ADDRESS 713 COLLINS AVENUE #28	1.4 CITY-ST-ZIP MIAMI BEACH, FL. 33139
TITLE VPD <input checked="" type="checkbox"/> DELETE	NAME SUTTON, PAMELA	2.1 TITLE VPD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	2.2 NAME KLARA VALENCIA
STREET ADDRESS 5901 S.W. 94TH AVENUE	CITY-ST-ZIP MIAMI FL 33173	2.3 STREET ADDRESS 713 COLLINS AVENUE #36	2.4 CITY-ST-ZIP MIAMI BEACH, FL. 33139
TITLE VD <input type="checkbox"/> DELETE	NAME SMITH, JUANITA	3.1 TITLE	3.2 NAME
STREET ADDRESS 2200 SW 20TH STREET	CITY-ST-ZIP MIAMI FL 33145	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
TITLE <input type="checkbox"/> DELETE	NAME	4.1 TITLE	4.2 NAME
STREET ADDRESS	CITY-ST-ZIP	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
TITLE <input type="checkbox"/> DELETE	NAME	5.1 TITLE	5.2 NAME
STREET ADDRESS	CITY-ST-ZIP	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
TITLE <input type="checkbox"/> DELETE	NAME	6.1 TITLE	6.2 NAME
STREET ADDRESS	CITY-ST-ZIP	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, with all other like empowered.

SIGNATURE: *Dalio Morales* DATE 02/31/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (4-1/99)