


FILE NOW: FILING FEE IS \$61.25

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Apr 29 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 # 714570 (9)

5-33 MERIDIAN CONDOMINIUM, INC.

Principal Place of Business
533 MERIDIAN AVE.
MIAMI BEACH FL 33139

Mailing Address
C/O ACTION GENERAL SERV.
P.O BOX 110548
HALEAH FL 33011
US



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 05/08/1968	4. FEI Number 59-2675522	Applied For 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		

9. Name and Address of Current Registered Agent

MOLINA, ONEYDA
1418 LENOX AVE.
MIAMI BEACH FL 33138

10. Name and Address of New Registered Agent

81 Name
PERLSTEIN, ELBA PATRICIA

82 Street Address (P.O. Box Number is Not Acceptable)
533 MERIDIAN AVE # 6

83

84 City
MIAMI BEACH

85 Zip Code
FL 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 *[Signature]* **04-21-1998**
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	MOLINA, ONEYDA	
STREET ADDRESS	1418 LENOX AVE.	
CITY-ST-ZIP	MIAMI BEACH FL 33138	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	CAMPBELL, DAVID	
STREET ADDRESS	390 NE 107 ST.	
CITY-ST-ZIP	MIAMI FL 33161	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	SPAGNOLA, ROBERT	
STREET ADDRESS	1390 OCEAN DR.	
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	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	PERLSTEIN, ELBA PATRICIA	
1.3 STREET ADDRESS	533 MERIDIAN AVE # 6	
1.4 CITY-ST-ZIP	MIAMI BEACH FL 33139	
2.1 TITLE	SP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	GUERRA, MILAGROSA DE JESUS	
2.3 STREET ADDRESS	533 MERIDIAN AVE. # 7	
2.4 CITY-ST-ZIP	MIAMI BEACH FL 33139	
3.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	MENDEZ, NEREIDA	
3.3 STREET ADDRESS	533 MERIDIAN AVE # 10	
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 *[Signature]* **04-21-1998** **(305)-823-1201**

CR2E037 (10/97)