

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Worthington
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 27 AM 10:44

DOCUMENT # 715574 (0)

1. Corporation Name

ADMIRAL TOWERS CONDOMINIUM, INC.

Principal Place of Business

1020 MERIDIAN AVE.
MIAMI BEACH FL 33139

Mailing Address

1020 MERIDIAN AVE.
MIAMI BEACH FL 33139

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/15/1968

3a. Date of Last Report

02/28/1994

4. FEI Number

59-1280325

Applied For

Not Applicable

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. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☐

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☐ Yes ☐ No

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BRATSPIS, SELMA R.
1020 MERIDIAN #509
MIAMI BEACH FL 33139

81 Name

FRANCISCA M. ANDRADE

82 Street Address (P.O. Box Number is Not Acceptable)

1020 MERIDIAN AVE.

83

MIAMI BEACH

84 City

FL

FL

85

Zip Code

33139

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE FRANCISCA M. ANDRADE TREASURER

3/20/95

Signature, typed or printed name of registered agent and fee if applicable

NOTE: Registered Agent signature required when instituting

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	HARRIS, JAMES
STREET ADDRESS	1020 MERIDIAN AVE.
CITY - ST - ZIP	MIAMI BEACH FL
TITLE	VP
NAME	NUNEZ, EDUARDO
STREET ADDRESS	1020 MERIDIAN AVE.
CITY - ST - ZIP	MIAMI BEACH FL
TITLE	S
NAME	MARCOU, JOSEPH
STREET ADDRESS	1020 MERIDIAN AVE.
CITY - ST - ZIP	MIAMI BEACH FL
TITLE	T
NAME	BRATSPIS, SELMA
STREET ADDRESS	1020 MERIDIAN AVE.
CITY - ST - ZIP	MIAMI BEACH FL
TITLE	D
NAME	BLANTON, LANE
STREET ADDRESS	1020 MERIDIAN AVE.
CITY - ST - ZIP	MIAMI BEACH FL
TITLE	D
NAME	NUNEZ, EDWARD
STREET ADDRESS	1020 MERIDIAN AVE.
CITY - ST - ZIP	MIAMI BEACH FL

11 TITLE	PD
12 NAME	MICHAEL MCCARTHY
13 STREET ADDRESS	1020 MERIDIAN AVE
14 CITY - ST - ZIP	MIAMI BEACH FL
21 TITLE	VP
22 NAME	PEDRO CUNI
23 STREET ADDRESS	1020 MERIDIAN AVE
24 CITY - ST - ZIP	MIAMI BEACH FL
31 TITLE	S
32 NAME	ROBERT DINKINS
33 STREET ADDRESS	1020 MERIDIAN AVE
34 CITY - ST - ZIP	MIAMI BEACH FL
41 TITLE	T
42 NAME	FRANCISCA M. ANDRADE
43 STREET ADDRESS	1020 MERIDIAN AVE
44 CITY - ST - ZIP	MIAMI BEACH FL
51 TITLE	D
52 NAME	MANUEL LOPEZ
53 STREET ADDRESS	1020 MERIDIAN AVE
54 CITY - ST - ZIP	MIAMI BEACH FL
61 TITLE	D
62 NAME	ADELE CUNEO
63 STREET ADDRESS	1020 MERIDIAN AVE
64 CITY - ST - ZIP	MIAMI BEACH FL

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 817, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: FRANCISCA M. ANDRADE, Treas. 3/6/95

538-4913

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Title

Telephone Number