


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2004 8:00 am
Secretary of State

03-17-2004 90019 020 ****61.25

DOCUMENT # 715574	
1. Entity Name ADMIRAL TOWERS CONDOMINIUM, INC.	

Principal Place of Business MIAMI MANAGEMENT INC. 14275 SW 142 S.W. MIAMI, FL 33186	Mailing Address MIAMI MANAGEMENT INC. 14275 SW 142 S.W. MIAMI, FL 33186
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address MMI Suite, Apt. #, etc. 14275 SW 142 AVE City & State MIAMI FLORIDA Zip 33186 Country MIAMI DADE
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14000381



03012004 Chg-NP CR2E037 (10/03)

4. FEI Number 59-1280325	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent TRIAY, CARLOS A 10570 NW 27 ST STE 103 MIAMI, FL 33172	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HULT KAMP, RICHARD 1020 MERIDIAN AVE #911 MIAMI BCH, FL 33139 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition DEBEDI, SALOMON 1020 MERIDIAN AVE #205 MIAMI BCH, FL 33139
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SOUZA, FELIPE 1020 MERIDIAN AVE #312 MIAMI BCH, FL 33139 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition TRIPP, MICHAEL 1020 MERIDIAN AVE #417 MIAMI BCH, FL 33139
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GARCES, JIMMY 1020 MERIDIAN AVE #210 MIAMI BEACH, FL 33139 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition SD MATTHESON, ARNOLD 1020 MERIDIAN AVE #407 MIAMI BCH, FL 33139
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EMERICK, JACK 1020 MERIDIAN AVE #713 MIAMI BCH, FL 33139 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition VP EMERICK, JACK 1020 MERIDIAN AVE #713 MIAMI BCH, FL 33139
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BOYCE, REBECA 1020 MERIDIAN AVE #310 MIAMI BEACH, FL 33139 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition PD BRIERY, BRANDON 1020 MERIDIAN AVE #203 MIAMI BCH, FL 33139
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Brandon G. Briery **Brandon G. Briery** 3-11-04 (305) 243-2245
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #