


FILE NOW: FILING FEE IS \$61.25

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Apr 30, 1999 8:00 am  
Secretary of State

04-30-1999 90123 013 \*\*\*\*61.25


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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # 725547</b>					
1. Corporation Name <b>FOUNTAIN TOWERS CONDOMINIUM, INC.</b>					
Principal Place of Business <b>7118 BONITA DRIVE APT. 204 MIAMI BEACH FL 33141</b>			Mailing Address <b>FOUNTAIN TOWERS CONDO ASSOC 7118 BONITA DR #204 MIAMI BEACH FL 33141</b>		



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		3. Date Incorporated or Qualified <b>02/13/1973</b>	
				4. *FEI Number <b>59-1579491</b>	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
				6. Election Campaign Financing: <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	

9. Name and Address of Current Registered Agent <b>GARCIA, RAFAEL 7118 BONITA DR., APT. 804 MIAMI BEACH FL 33141</b>				10. Name and Address of New Registered Agent 81 Name <b>Elizabeth Rivera</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>7118 Bonita Dr #403</b> 83 City <b>Miami Beach</b> FL 85 Zip Code <b>33141</b>			
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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 	DATE <b>4/24/99</b>

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <input type="checkbox"/> DELETE	NAME	1.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
	<b>GARCIA, RAFAEL</b>	1.2 NAME	<b>Felix E. Sacerio</b>
	<b>7118 BONITA DR, SUITE 804</b>	1.3 STREET ADDRESS	<b>7118 Bonita Dr #705</b>
	<b>MIAMI BEACH FL 33141</b>	1.4 CITY-ST-ZIP	<b>Miami Beach, FL 33141</b>
TITLE <input type="checkbox"/> DELETE	NAME	2.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
	<b>RUDOLFO, GILBERT</b>	2.2 NAME	<b>Elpidio Espinosa</b>
	<b>7118 BONITA DR, SUITE 302</b>	2.3 STREET ADDRESS	<b>7118 Bonita Dr #303</b>
	<b>MIAMI BEACH FL 33141</b>	2.4 CITY-ST-ZIP	<b>Miami Beach, FL 33141</b>
TITLE <input type="checkbox"/> DELETE	NAME	3.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
	<b>BORZHEMSKAYA, LARISA</b>	3.2 NAME	<b>Robert Oles</b>
	<b>7118 BONITA DR 301</b>	3.3 STREET ADDRESS	<b>7118 Bonita Dr #905</b>
	<b>MIAMI BEACH FL</b>	3.4 CITY-ST-ZIP	<b>Miami Beach, FL 33141</b>
TITLE <input type="checkbox"/> DELETE	NAME	4.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
	<b>CALAS, JOHN</b>	4.2 NAME	<b>Elizabeth Rivera</b>
	<b>5600 SW 92 AVE</b>	4.3 STREET ADDRESS	<b>7118 Bonita Drive #403</b>
	<b>MIAMI BEACH FL</b>	4.4 CITY-ST-ZIP	<b>Miami Beach, FL 33141</b>
TITLE <input type="checkbox"/> DELETE	NAME	5.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
	<b>MORENO, OCTAVIO</b>	5.2 NAME	<b>Isabel Santarin</b>
	<b>7118 BONITA DR 203</b>	5.3 STREET ADDRESS	<b>7118 Bonita Dr #502</b>
	<b>MIAMI BEACH FL 33141</b>	5.4 CITY-ST-ZIP	<b>Miami Beach, FL 33141</b>
TITLE <input type="checkbox"/> DELETE	NAME	6.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
	<b>ROJAS, MARIA</b>	6.2 NAME	
	<b>7118 BONITA DR #201</b>	6.3 STREET ADDRESS	
	<b>MIAMI BEACH FL</b>	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.	
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SIGNATURE 	DATE <b>4/24/99</b>	DAYTIME PHONE # <b>(954) 356-2000</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		

CR2E037 (11/98)