

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

55 MAY -1 PM 9:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **725576** (3)

1. Corporation Name
FLAGLER PLAZA CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address
3001 SW 2 ST. (APT. 113-C) **3001 SW 2 ST. (APT. 113-C)**
MIAMI FL 33135 **MIAMI FL 33135**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **02/16/1973** 3a. Date of Last Report **04/06/1994**
4. FEI Number **59-1651473** 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 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 25 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent
CATARELO, MANUEL
3001 SW 2ND ST
#103C
MIAMI FL 33135

10. Name and Address of New Registered Agent
81 Name **CHARLES ECHENIQUE**
82 Street Address (P.O. Box Number is Not Acceptable) **160 SW 30th AVE**
83 **#206-A**
84 City **MIAMI** FL 85 Zip Code **33135**

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 agent 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 *Charles Echenique* **CHARLES ECHENIQUE** **PRESIDENT** **4/15/95**
Signature, typed or printed name of registered agent and title acceptable. (NOTE: Registered Agent signature required when re-stating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	COTARELO, MANUEL
STREET ADDRESS	3001 SW 2ND ST #103C
CITY-ST-ZIP	MIAMI FL
TITLE	V
NAME	KAGE, MARIA
STREET ADDRESS	3001 SW 2ND ST #210C
CITY-ST-ZIP	MIAMI FL
TITLE	TD
NAME	BORGES, ZOE
STREET ADDRESS	3001 SW 2ND ST #105C
CITY-ST-ZIP	MIAMI FL
TITLE	VT
NAME	COTARELO, PEDRO
STREET ADDRESS	3001 SW 2ND ST #107C
CITY-ST-ZIP	MIAMI FL
TITLE	S
NAME	BOGIN, VICENTE
STREET ADDRESS	160 SW 30TH AVE APT 203A
CITY-ST-ZIP	MIAMI FL
TITLE	VS
NAME	MALLO, OLGA
STREET ADDRESS	3001 SW 30TH AVE #105A
CITY-ST-ZIP	MIAMI FL

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	ECHENIQUE, CHARLES
1.3 STREET ADDRESS	160 SW 30th AVE #206-A
1.4 CITY-ST-ZIP	MIAMI-FL 33135
2.1 TITLE	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	SUAREZ, MANUEL
2.3 STREET ADDRESS	3001 SW 2nd ST. #118C
2.4 CITY-ST-ZIP	MIAMI FL 33135
3.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	ORENAS, ESPERANZA
3.3 STREET ADDRESS	3001 SW 2ND ST #109C
3.4 CITY-ST-ZIP	MIAMI FL 33135
4.1 TITLE	VT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	DE LA TORRE, OTILIA
4.3 STREET ADDRESS	3001 SW 2ND ST #107C
4.4 CITY-ST-ZIP	MIAMI-FL 33135
5.1 TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	GONZALEZ, EDUARDO
5.3 STREET ADDRESS	3001 SW 2ND ST. #115C
5.4 CITY-ST-ZIP	MIAMI-FL 33135
6.1 TITLE	VS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	MENCIA, CARMEN
6.3 STREET ADDRESS	145 SW 30th ST. #106B
6.4 CITY-ST-ZIP	MIAMI-FL 33135

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Charles Echenique* **4/15/95 (305) 642-9423**
SIGNATURE AND TYPED OR PRINTED NAME OF FINING OFFICER OR DIRECTOR Date (Anytime Before)