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Mar 14 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 725576 (3)

1. Corporation Name
FLAGLER PLAZA CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 3001 S.W. 2ND STREET APT. 113-C MIAMI FL 33135	Mailing Address 3001 S.W. 2ND STREET APT. 113-C MIAMI FL 33135-2760
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2. Principal Place of Business 21 [] Suite, Apt. #, etc.	2a. Mailing Address 26 [] Suite, Apt. #, etc.	3. Date Incorporated or Qualified 02/16/1973	3a. Date of Last Report 03/20/1996
22 [] City & State	27 [] City & State	4. FEI Number 59-1651473	Applied For Not Applicable
23 [] Zip	28 [] Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
24 [] Country	29 [] Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
25 [] Country	30 [] Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

BOGIN, VICENTE
160 S.W. 30TH AVENUE
APT. 203-A
MIAMI FL 33135

10. Name and Address of New Registered Agent

81 Name **GONZALEZ, EDUARDO**

82 Street Address (P.O. Box Number is Not Acceptable)
3001 SW 2ND ST. # 115-C

83 []

84 City **MIAMI** FL 85 Zip Code **33135**

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 *Eduardo Gonzalez* **EDUARDO GONZALEZ** DATE **3-5-1997**

Signature, typed or printed name of registered agent and date it applies (NOTE: Registered Agent signature required when re-appointing)

12. OFFICERS AND DIRECTORS		
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	ALENARES, SANTIAGO	
STREET ADDRESS	145 S.W. 30TH COURT, APT. 209-B	
CITY-ST-ZIP	MIAMI FL 33135	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	LAURRAURI, TRINIDAD	
STREET ADDRESS	3001 S.W. 2ND STREET, APT. 211-C	
CITY-ST-ZIP	MIAMI FL 33135	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	IZAGUIRRE, DORA	
STREET ADDRESS	145 S.W. 30TH COURT, APT. 102-B	
CITY-ST-ZIP	MIAMI FL 33135	
TITLE	VT	<input checked="" type="checkbox"/> DELETE
NAME	FERNANDEZ, ENMA	
STREET ADDRESS	160 S.W. 30TH AVE., APT. 208-A	
CITY-ST-ZIP	MIAMI FL 33135	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	BOGIN, VICENTE	
STREET ADDRESS	160 S.W. 30TH AVE., APT. 203-A	
CITY-ST-ZIP	MIAMI FL 33135	
TITLE	VS	<input checked="" type="checkbox"/> DELETE
NAME	HERNANDEZ, HUGO A	
STREET ADDRESS	3001 S.W. 2ND STREET, APT. 215-C	
CITY-ST-ZIP	MIAMI FL 33135	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	ECHENIQUE, CHARLE	
1.3 STREET ADDRESS	160 SW 80th AVE # 206A	
1.4 CITY-ST-ZIP	MIAMI-FL. 33135	
2.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	COTARELO, PEDRO	
2.3 STREET ADDRESS	3001 SW 2nd ST.	
2.4 CITY-ST-ZIP	MIAMI-FL. 33135	
3.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	JAMADOR, JOSEFA	
3.3 STREET ADDRESS	3001 SW 2nd St. #214-C	
3.4 CITY-ST-ZIP	MIAMI-FL. 33135	
4.1 TITLE	VT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	GARMEN TORRADO	
4.3 STREET ADDRESS	145 SW 30th St. #110B	
4.4 CITY-ST-ZIP	MIAMI-FL 33135	
5.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	GONZALEZ EDUARDO	
5.3 STREET ADDRESS	3001 SW 2nd St. #115-C	
5.4 CITY-ST-ZIP	MIAMI-FL. 33135	
6.1 TITLE	VS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	LOPEZ, BARBARA	
6.3 STREET ADDRESS	3001 SW 2nd STREET	
6.4 CITY-ST-ZIP	MIAMI-FL. 33135	

14. I do 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: *Eduardo Gonzalez* **EDUARDO GONZALEZ** SECRETARY DATE **3/5/97** (305) 377-2353

CR2E037 (9/96)