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NONPROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 725576

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number	Applied For
22	City & State	27	City & State	59-1651473	Not Applicable
23	Zip	28	Country	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
24	Country	29	Country	6. Election Campaign Financing	<input type="checkbox"/> \$5.00 May Be Added to Fees
25		30		Trust Fund Contribution	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
GONZALEZ EDUARDO 3001 SW 2ND ST 115C MIAMI FL 33135				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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: *[Signature]* DATE: 9-8-99
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	ECHENIQUE CHARLES	1.2 NAME	SUAREZ, MANUEL
STREET ADDRESS	160 SW 30TH AVE 206A	1.3 STREET ADDRESS	3001 SW 2ND ST
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	MIAMI - FL 33135
TITLE	V	2.1 TITLE	V
NAME	SUAREZ, MANOLO	2.2 NAME	ECHENIQUE, CHARLES
STREET ADDRESS	3001 S.W. 2ND ST	2.3 STREET ADDRESS	160 SW 30TH AVE #206A
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	MIAMI - FL 33135
TITLE	TD	3.1 TITLE	T
NAME	AMADOR, JOSEFA	3.2 NAME	LOPEZ, BARBARA
STREET ADDRESS	3001 SW 2ND ST 214C	3.3 STREET ADDRESS	3001 SW 2ND ST
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	MIAMI - FL 33135
TITLE	VT	4.1 TITLE	VT
NAME	CARMEN TORRADO	4.2 NAME	GONZALEZ, EDUARDO
STREET ADDRESS	145 SW 30TH CT 11013	4.3 STREET ADDRESS	3001 SW 2ND ST #115C
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	MIAMI - FL 33135
TITLE	VT	5.1 TITLE	S
NAME	LOPEZ, BARBARA	5.2 NAME	BOGIN, VICENTE
STREET ADDRESS	3001 S.W. 2ND STREET	5.3 STREET ADDRESS	160 SW 30 AVE
CITY-ST-ZIP	MIAMI FL 33135	5.4 CITY-ST-ZIP	MIAMI - FL - 33135
TITLE	S	6.1 TITLE	V5
NAME	TORRADO, CARMEN	6.2 NAME	COTARELO PEDRO
STREET ADDRESS	3001 S 2ND ST	6.3 STREET ADDRESS	3001 SW 2ND ST.
CITY-ST-ZIP	MIAMI FL	6.4 CITY-ST-ZIP	MIAMI - FL. 33135

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.

SIGNATURE: *[Signature]* DATE: 3/8/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0030056 CR2E037 (11/98)