

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 6, 1995.
AMOUNT DUE ON OR BEFORE 8/1/95: \$195 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$295)

NONPROFIT CORPORATION ANNUAL REPORT 1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
 95 AUG -8 PM 2:41

DOCUMENT # 726412 (0)
 1. Corporation Name
FLAGLER SUITES CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address
 6900 WEST FLAGLER STREET 6900 WEST FLAGLER STREET
 MIAMI FL 33144-2644 MIAMI FL 33144-2644

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **05/16/1973** 3a. Date of Last Report **04/27/1994**
 4. FEI Number **59-1469282** 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 **FILING FEE IS \$61.25**
 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 28 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent
CONDE, RAMON
6900 W FLAGLER ST 1B
MIAMI FL 33144

10. Name and Address of New Registered Agent
 81 Name **DURANONA, Manuel E.**
 82 Street Address (P.O. Box Number is Not Acceptable) **6900 W. FLAGLER ST. #1A**
 83 **1**
 84 City **Miami** FL 85 Zip Code **33144**

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 Manuel E. Duranona President DATE 7-24-95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	DURANONA, MANUEL E.
STREET ADDRESS	6900 W FLAGLER ST, #1A
CITY - ST - ZIP	MIAMI FL
TITLE	SD
NAME	RIVERO, FANNY
STREET ADDRESS	6900 W FLAGLER ST 2D
CITY - ST - ZIP	MIAMI FL
TITLE	TD
NAME	CONDE, RAMON
STREET ADDRESS	6900 W FLAGLER ST 1B
CITY - ST - ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	S.D. BRITO, Ondina
2.3 STREET ADDRESS	6900 W. FLAGLER ST #2A
2.4 CITY - ST - ZIP	Miami, FL 33144
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	T.D. Ravelo, Ricardo
3.3 STREET ADDRESS	6900 W. FLAGLER ST #2D
3.4 CITY - ST - ZIP	Miami, FL 33144
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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 119.07(3)(k), 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: Ondina Brito DATE 7-24-95 261-4834
Signature and typed or printed name of signing officer or director. Date (Daytime Phone #)

CR2E037 (3/95)