

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 728004 (3)

1. Corporation Name
FLAGLER 39 ASSOCIATION, INC.



Principal Place of Business: 3915 W. FLAGLER ST. MIAMI FL 33134-1628
Mailing Address: 3915 W. FLAGLER ST. MIAMI FL 33134-1628

3. Date Incorporated or Qualified: 11/06/1973
3a. Date of Last Report: 04/07/1995

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FBI Number	Applied For
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.		NOT APPLICABLE	Not Applicable
23	City & State	28	City & State	5.	Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
24	Zip	29	Zip			
	Country	30	Country	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
				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				10. Name and Address of New Registered Agent			
PEREZ, REINALDO 3905 W. FLAGLER STREET APTO. B-8 MIAMI FL 33134				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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE		1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PEREZ, REINALDO			1.2 NAME			
STREET ADDRESS	3905 W. FLAGLER ST., APT. B-6			1.3 STREET ADDRESS			
CITY - ST - ZIP	MIAMI FL 33134			1.4 CITY - ST - ZIP			
TITLE	TD	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	VALDES, MERCEDES			2.2 NAME			
STREET ADDRESS	3901 W. FLAGLER ST., APT A/1			2.3 STREET ADDRESS			
CITY - ST - ZIP	MIAMI FL 33134			2.4 CITY - ST - ZIP			
TITLE	SD	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CARDET, JOSE R			3.2 NAME			
STREET ADDRESS	3905 W. FLAGLER ST. APT. B-3			3.3 STREET ADDRESS			
CITY - ST - ZIP	MIAMI FL 33134-1634			3.4 CITY - ST - ZIP			
TITLE	VTD	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GARRIDO, LISETTE			4.2 NAME			
STREET ADDRESS	3903 W. FLAGLER			4.3 STREET ADDRESS			
CITY - ST - ZIP	MIAMI FL			4.4 CITY - ST - ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY - ST - ZIP				5.4 CITY - ST - ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY - ST - ZIP				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: *TD Mercedes Valdes* 1-23-96 643-4291
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
Mercedes Valdes

CR2E037 (12/95)