

FILE NOW: FILING FEE IS \$61.25

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Jun 16 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **728004** (3)
1. Corporation Name
FLAGLER 39 ASSOCIATION, INC.



Principal Place of Business 3915 W. FLAGLER ST. MIAMI FL 33134-1629	Mailing Address P O BOX 453612 MIAMI FL 33245-612 US
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3. Date Incorporated or Qualified 11/06/1973	
4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Inalbis de la Torre	2a. Mailing Address 26 3917 W Flagler st
Suite, Apt. #, etc. 22 3907 W Flagler st # 227	Suite, Apt. #, etc. 27 D-8
City & State 23 Miami, FL	City & State 28 Mi, FL
Zip 24 33134	Country 25 USA
Zip 29 33134	Country 30 USA

9. Name and Address of Current Registered Agent PEREZ-BRITO, LUISA M 1400 SW 22 TERR MIAMI FL 33145	10. Name and Address of New Registered Agent 81 Name Inalbis de la Torre 82 Street Address (P.O. Box Number is Not Acceptable) 3917 W Flagler 83 Apt D-8 84 City Miami FL 85 Zip Code 33134
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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 *Inalbis de la Torre* DATE **06-08-98**

12. OFFICERS AND DIRECTORS		DELETED
TITLE	PD	<input checked="" type="checkbox"/>
NAME	PEREZ-BRITO, LUISA M	
STREET ADDRESS	1400 SW 22 TERR	
CITY-ST-ZIP	MIAMI FL 33145	
TITLE	TD	<input checked="" type="checkbox"/>
NAME	RAFUL, LIDIA	
STREET ADDRESS	610 SW 42 AVE	
CITY-ST-ZIP	MIAMI FL 33135	
TITLE	SD	<input type="checkbox"/>
NAME	CARDET, JOSE R	
STREET ADDRESS	3905 W. FLAGLER ST. APT. B-3	
CITY-ST-ZIP	MIAMI FL 33134-1634	
TITLE	VTD	<input type="checkbox"/>
NAME	GARRIDO, LISETTE	
STREET ADDRESS	3903 W. FLAGLER	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	PD	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	Inalbis de la Torre		
1.3 STREET ADDRESS	3917 W Flagler st Apt D-8		
1.4 CITY-ST-ZIP	Miami, FL 33134		
2.1 TITLE	TD	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.2 NAME	Noely D. Castaneda		
2.3 STREET ADDRESS	3907 W Flagler st Apt B-7		
2.4 CITY-ST-ZIP	Miami, FL 33134		
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME	700002562197		
6.3 STREET ADDRESS	-06/17/98--01008--013		
6.4 CITY-ST-ZIP	***\$61.25		

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.

SIGNATURE *Jose R Cardet* DATE **04/30/98**

CRE037 (10/97)