

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 # 728042
1. Corporation Name
Zurich condominium Association

Principal Place of Business Mailing Address
13480 NE 6th Ave "Same"
N. Miami FL 33161

2. Principal Place of Business	2a. Mailing Address	3. Data Incorporated or Qualified	3a. Date of Last Report
21 13480 NE 6th Ave	26	1974	1995
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	4. FEI Number	Applied For
23 City & State	28 City & State	59-235-1488	Not Applicable
24 Zip	29 Country	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
33161	25 Dade	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
	30	8. This corporation has liability for intangible tax under s. 193.032, 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
Becker & Poliakoff, P.A. Emerald Lake Corporate Park 3111 Stirling Road Post Office Box 9057 Fort Lauderdale, Florida 33310-9057	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code

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: BECKER & POLIAKOFF P.A. 7-20-96
Signature typed or printed name of registered agent and the corporation. (If the registered agent signature is required when registering, DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES, CORRECTIONS, AND DELETIONS	
TITLE	<input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		D. PRESIDENT	
STREET ADDRESS		AFEWORKI GHEBREHIWET	
CITY-ST-ZIP		13480 NE 6th Ave #116	
TITLE	<input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		D. Treasurer	
STREET ADDRESS		Juana LARA	
CITY-ST-ZIP		13480 NE 6th Ave #201 N. Miami FL 33161	
TITLE	<input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		D. Vice President & Secretary	
STREET ADDRESS		Shirley Klein	
CITY-ST-ZIP		13480 NE 6th Ave N. Miami #215	
TITLE	<input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		T Board member	
STREET ADDRESS		Lino Mendoza	
CITY-ST-ZIP		13480 NE 6th Ave #202	
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		700001931367	
STREET ADDRESS		-08/23/96--01096--012	
CITY-ST-ZIP		***61.25	

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: AFEWORKI GHEBREHIWET 7-20-96 895-2601
Signature and typed or printed name of signing officer or director

CR2E037 (12/95)