

FILE NOW: FILING FEE IS \$61.25

FILED  
Jul 17 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 728042 (3)  
1. Corporation Name  
ZURICH CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address  
13480 N E 6 AVENUE NORTH MIAMI FL 33161 13480 N E 6 AVENUE NORTH MIAMI FL 33161-4045

3. Date Incorporated or Qualified 11/13/1974 3a. Date of Last Report 08/23/1996  
4. FEI Number 59-2351488 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  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
BECKER, POLIAKOFF & STREITFELD, P.A.  
3111 STIRLING ROAD, P.O. BOX 9057  
MIAMI, FL  
FT. LAUDERDALE FL 33310-6057

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 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 \_\_\_\_\_ (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	Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	AFEWOKI, GHEBREHWET	1.2 NAME	Patricia Thompson
STREET ADDRESS	13480 NE 6TH AVE, #116	1.3 STREET ADDRESS	13480 NE 6 Ave. #303, Miami FL 33161
CITY-ST-ZIP	NORTH MIAMI FL	1.4 CITY-ST-ZIP	
TITLE	T <input checked="" type="checkbox"/> DELETE	2.1 TITLE	Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MENDOZA, LINO	2.2 NAME	Patricia Thompson
STREET ADDRESS	13480 NE 6 AVE	2.3 STREET ADDRESS	13480 NE 6 Ave #303, Miami FL 33161
CITY-ST-ZIP	N MIAMI FL	2.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LARA, JUANA	3.2 NAME	Yves Francois
STREET ADDRESS	13480 NE 6TH AVE #201	3.3 STREET ADDRESS	13480 NE 6 Ave Miami, FL 33161
CITY-ST-ZIP	N. MIAMI FL 33161	3.4 CITY-ST-ZIP	
TITLE	VPSD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KLEIN, SHIRLEY	4.2 NAME	Jean DeGracias
STREET ADDRESS	13480 NE 6TH AVE #215	4.3 STREET ADDRESS	13480 NE 6 Ave Miami, FL 33161
CITY-ST-ZIP	N. MIAMI FL 33161	4.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KLEIN, SHIRLEY	5.2 NAME	
STREET ADDRESS	13480 NE 6TH AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	N MIAMI FL	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 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 \_\_\_\_\_ 7-9-97

CR2E037 (9/96)