

FILE NOW: FILING FEE IS \$61.25

FILED
Jun 01 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 # 728042 (3)
1. Corporation Name
ZURICH CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 13480 N E 6 AVENUE NORTH MIAMI FL 33161	Mailing Address 13480 N E 6 AVENUE NORTH MIAMI FL 33161
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3. Date Incorporated or Qualified
11/13/1974

4. FEI Number 59-2351488	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
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21. Principal Place of Business 13480 NE 6th Ave	22. Mailing Address 13480 NE 6th Ave
22. Suite, Apt. #, etc. N. Mia	27. Suite, Apt. #, etc. N. Miami
23. City & State Florida	28. City & State Florida
24. Zip 33161	25. Country USA
29. Zip 33161	30. Country USA

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. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
 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
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 N/A
Signature, typed or printed name of registered agent and title if applicable (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 checked="" type="checkbox"/> Addition
NAME AFEWORKI, GHEBREHWET		1.2 NAME	
STREET ADDRESS 13480 NE 6TH AVE, #116		1.3 STREET ADDRESS	
CITY-ST-ZIP NORTH MIAMI FL		1.4 CITY-ST-ZIP	
TITLE ST	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME THOMPSON		2.2 NAME	
STREET ADDRESS 13480 NE 6 AVE #303		2.3 STREET ADDRESS	
CITY-ST-ZIP MIAMI FL		2.4 CITY-ST-ZIP	
TITLE TD	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME LARA, JUANA		3.2 NAME	
STREET ADDRESS 13480 NE 6TH AVE #201		3.3 STREET ADDRESS	
CITY-ST-ZIP N. MIAMI FL 33161		3.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME YVES, FRANCOIS		4.2 NAME	
STREET ADDRESS 13480 NE 6 AVE #303		4.3 STREET ADDRESS	
CITY-ST-ZIP MIAMI FL		4.4 CITY-ST-ZIP	
TITLE V	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME DEGRACIAS, JEAN		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 checked="" type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: Afeworki GHEBREHWET **5-5-98**

CFR2037 (10/97)