



ANNUAL REPORT
1999



Secretary of State
DIVISION OF CORPORATIONS

FILED

DOCUMENT # 728042

1. Corporation Name

ZURICH CONDOMINIUM ASSOCIATION, INC.

99 DEC 27 PM 3:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

13480 NE 6TH AVE
NORTH MIAMI FL 33161
US

13480 NE 6TH AVE
NORTH MIAMI FL 33161
US



2. Principal Place of Business

21 13480 NE 6th Ave

Suite, Apt. #, etc.

22 City & State
North Mia FL

23 Zip
33161

24 Country
U.S.A

2a. Mailing Address

26 13480 NE 6th Ave

Suite, Apt. #, etc.

27 City & State
N. Miami FL

28 Zip
33161

29 Country
U.S.A

3. Date Incorporated or Qualified

11/13/1974

4. FEI Number

59-235 1488

Applied For

Not Applicat

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

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

81 Name

N/A

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

N/A

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

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
NAME	AFEWORKI, GHEBREHWET	
STREET ADDRESS	13480 NE 6TH AVE, #116	
CITY-ST-ZIP	NORTH MIAMI FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	THOMPSON	
STREET ADDRESS	13480 NE 6 AVE #303	
CITY-ST-ZIP	MIAMI FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	LARA, JUANA	
STREET ADDRESS	13480 NE 6TH AVE #201	
CITY-ST-ZIP	N. MIAMI FL 33161	
TITLE	D	<input type="checkbox"/> DELETE
NAME	YVES, FRANCOIS	
STREET ADDRESS	13480 NE 6 AVE #303	
CITY-ST-ZIP	MIAMI FL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	DEGRACIAS, JEAN	
STREET ADDRESS	13480 NE 6TH AVE	
CITY-ST-ZIP	N MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addit
1.2 NAME	LUCY LAZD	
1.3 STREET ADDRESS	13480 NE 6 AVE, # 315	
1.4 CITY-ST-ZIP	N MIAMI FL (Treasurer)	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addit
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addit
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addit
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addit
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addit
6.2 NAME		
6.3 STREET ADDRESS		
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, with all other like empowered.

SIGNATURE: [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-15-99

Date

305-895-2601

Daytime Phone #

2

Zurich Condominium Association

13480 N.E. 6th Avenue
North Miami, Florida 33161

Date: 12/20/99

FLORIDA DEPARTMENT OF STATE

DEAR SIR OR MADAM:

AFTER WE RECEIVED YOUR LETTER ATTACHED WE MADE THE NECESSARY CORRECTIONS AND SENT IT BACK TO YOU .

RECENTLY, WE RECEIVED NOTICE OF DISSOLUTION OF CORPORATION, THAT INDICATES , YOU DID NOT RECEIVE THE CORRECTED FORM:

WE ARE NOW SENDING IT AGAIN AND WE HOPE YOU RECEIVE IT.

UPON RECEIPT PLEASE REINSTATE OUR CORPORATION.

THANK YOU IN ADVANCE.


BOARD OF DIRECTORS.