


FILE NOW:

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<p>CORPORATION ANNUAL REPORT 1996</p>		<p>FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS</p>
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DOCUMENT # 729327
1. Corporation Name
TAMIAMI MALL CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business A.M.A. Management Services, Inc., 5050 N.W. 74th. Avenue, Miami, Florida 33166	Mailing Address A.M.A. Management Services, Inc., 5050 N.W. 74th. Avenue, Miami, Florida 33166.
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DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number 59-1602662	Applied For <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
22 Suite Apt. #, etc.	27 Suite Apt. #, etc.	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23 City & State	28 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Zip	25 Country	29 Zip	30 Country

3. Date Incorporated or Qualified 04/05/1974	3a. Date of Last Report 01/24/95
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9. Name and Address of Current Registered Agent
Anicia Morales,
A.M.A. Management Services, Inc.,
5050 N.W. 74th. Avenue,
Miami, Florida 33166.

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0508, Florida Statutes.

SIGNATURE: *Anicia Morales* **ANICIA MORALES** DATE: **2 - 27 - 96**

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	Castro, Henry,
STREET ADDRESS	8772 S.W. 8th Street,
CITY- ST- ZIP	Miami, Florida 33174.
TITLE	S/TD
NAME	Rodriguez, Francisco,
STREET ADDRESS	8764 S.W. 8th. Street,
CITY- ST- ZIP	Miami, Florida 33174.
TITLE	VD
NAME	Vallina, Bernardo,
STREET ADDRESS	8755 S.W. 8th. Street,
CITY- ST- ZIP	Miami, Florida 33174.
TITLE	D
NAME	Arturo Aceituno,
STREET ADDRESS	8792 S.W. 8th. Street,
CITY- ST- ZIP	Miami, Florida 33174.
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY- ST- ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY- ST- ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY- ST- ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY- ST- ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY- ST- ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY- ST- ZIP	

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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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or of an attachment with an address.

SIGNATURE: *Henry D. Castro* **HENRY D. CASTRO - PRESIDENT**

Date: **2/28/96** Daytime Phone #: **(305) 223-3131**