

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 # 730478 (5)

1. Corporation Name

TOWER 1800 CONDOMINIUM, INC.



Principal Place of Business

Mailing Address

1800 COLLINS AVENUE
MIAMI BEACH FL 33139

1800 COLLINS AVENUE
MIAMI BEACH FL 33139

3. Date Incorporated or Qualified
08/19/1974

3a. Date of Last Report
04/12/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

29 Zip

30 Country

4. FEI Number
59-1706911

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

10. Name and Address of New Registered Agent

GARBAZ, ELISA
1800 COLLINS AVENUE
MIAMI BEACH FL 33139

81 Name ARMANDO ALVAREZ
82 Street Address (P.O. Box Number is Not Acceptable) 1800 COLLINS AVE. Apt. 10-E
83
84 City MIAMI BEACH FL 85 Zip Code 33139

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 ARMANDO ALVAREZ Pres. JAN. 27, 1996
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	P	<input checked="" type="checkbox"/> DELETE
NAME	GARBAZ, ELISA	
STREET ADDRESS	1800 COLLINS AVE. 17-B	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	CEIFETZ, SARA	
STREET ADDRESS	1800 COLLINS AVE., 3-J	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	FIGUEROA, RAUL	
STREET ADDRESS	1800 COLLINS AV., #6-F	
CITY-ST-ZIP	MIAMI BCH. FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	DELACRUZ, ELIDA	
STREET ADDRESS	1800 COLLINS AVE. #5-A	
CITY-ST-ZIP	MIAMI BCH. FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ALVANI, NIRMALA	
STREET ADDRESS	1800 COLLINS AVE. #19-G	
CITY-ST-ZIP	MIAMI BCH. FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	KARAM, MARY	
STREET ADDRESS	1800 COLLINS AVE. #9-F	
CITY-ST-ZIP	MIAMI BCH. FL	

11 TITLE	P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	ARMANDO ALVAREZ	
13 STREET ADDRESS	1800 COLLINS AVE., APT. 10-E	
14 CITY-ST-ZIP	MIAMI BEACH FL 33139	
21 TITLE	T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	JULIA VALLE	
23 STREET ADDRESS	1800 COLLINS AVE., APT. 8-C	
24 CITY-ST-ZIP	Miami Beach FL 33139	
31 TITLE	S	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	ENEIRA DEL SOL	
33 STREET ADDRESS	1800 COLLINS AVE., APT. 11-D	
34 CITY-ST-ZIP	MIAMI BEACH FL 33139	
41 TITLE	V/P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	RAUL FIGUEROA	
43 STREET ADDRESS	1800 COLLINS AVE., APT. 6-F	
44 CITY-ST-ZIP	MIAMI BEACH FL 33139	
51 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	BERTILA CONDE	
53 STREET ADDRESS	1800 COLLINS AVE., APT. 3-H	
54 CITY-ST-ZIP	MIAMI BEACH FL 33139	
61 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	AYDA GONZALEZ	
63 STREET ADDRESS	1800 COLLINS AVE., APT. 18-E	
64 CITY-ST-ZIP	MIAMI BEACH FL 33139	

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: ARMANDO ALVAREZ, Pres. Jan. 27, 1996
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date District Phone #
(305) 672-7293

CR2E037 (12/95)