


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 15, 2004 08:00 AM
Secretary of State

DOCUMENT # 730478
1. Entity Name
TOWER 1800 CONDOMINIUM, INC.



Principal Place of Business
1800 COLLINS AVENUE
MIAMI BEACH, FL 33139

Mailing Address
1800 COLLINS AVENUE
MIAMI BEACH, FL 33139



DO NOT WRITE IN THIS SPACE

03092004 No Chg-NP CR2E037 (10/03)

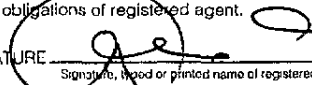
4. FEI Number
59-1706911 Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
ALVAREZ, ARMANDO
1800 COLLINS AVENUE
MIAMI BEACH, FL 33139

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  Armando Alvarez, Pres. March 11, 2004
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

U00000089311
03/15/04-80086-025 61.25

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	ALVAREZ, ARMANDO
STREET ADDRESS	1800 COLLINS AVE/APT 10E
CITY-ST-ZIP	MIAMI BEACH, FL
TITLE	S
NAME	CARRO, RAMON
STREET ADDRESS	1800 COLLINA AVE APT 5C
CITY-ST-ZIP	MIAMI BEACH, FL 33139
TITLE	T
NAME	FIGUEROA, RAUL
STREET ADDRESS	1800 COLLINS AVE-APT 6F
CITY-ST-ZIP	MIAMI, FL 33139
TITLE	D
NAME	VALLE, JULIA
STREET ADDRESS	1800 COLLINS AVE. APT. 12F
CITY-ST-ZIP	MIAMI BEACH, FL 33139
TITLE	D
NAME	FERNANDEZ, INES
STREET ADDRESS	1800 COLLINS AVE APT 17E
CITY-ST-ZIP	MIAMI BEACH, FL 33139
TITLE	D
NAME	MOURE, OCTAVIO
STREET ADDRESS	1800 COLLINS AVE APT 5A
CITY-ST-ZIP	MIAMI BEACH, FL 33139

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IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  Armando Alvarez, Pres March 11, 2004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #