

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 # **744090** (2)
1. Corporation Name
EUCLID PLAZA ASSOCIATION, INC., A CONDOMINIUM



Principal Place of Business: **618 EUCLID AVE. MIAMI BEACH FL 33139-8628**
Mailing Address: **618 EUCLID AVE. MIAMI BEACH FL 33139-8628**

3. Date Incorporated or Qualified: **08/29/1978**
3a. Date of Last Report: **05/22/1995**

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

4. FEI Number: **59-1991594**
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
**HERRERA, BEATRIZ
618 EUCLID AVE #403
MIAMI FL 33139**

10. Name and Address of New Registered Agent
81 Name: **ANA RIOS**
82 Street Address (P.O. Box Number is Not Acceptable): **3560 North 37th Street**
83 City: **Hollywood, FL 33021**
84 City: **Hollywood, FL**
85 Zip Code: **33021**

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]* (NOTE: Registered Agent signature required when reinstating) DATE: **4-3-96**

12. OFFICERS AND DIRECTORS		DELETED
TITLE	PD	<input type="checkbox"/>
NAME	HERRERA, BEATRIZ	
STREET ADDRESS	618 EUCLID AVE 403	
CITY-ST-ZIP	MIAMI BCH. FL	
TITLE	STD	<input type="checkbox"/>
NAME	ANDERSON, DAVID	
STREET ADDRESS	618 EUCLID AVE., #301	
CITY-ST-ZIP	MIAMI BCH. FL	
TITLE	VD	<input type="checkbox"/>
NAME	CARIDAD, CORO	
STREET ADDRESS	618 EUCLID AVE 201	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	PD	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	ANDERSON, BEATRIZ M.		
1.3 STREET ADDRESS	618 EUCLID AVENUE #403		
1.4 CITY-ST-ZIP	MIAMI BEACH, FL 33139		
2.1 TITLE	STD	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.2 NAME	CORO, LESLIE		
2.3 STREET ADDRESS	618 EUCLID AVE #201		
2.4 CITY-ST-ZIP	MIAMI BEACH, FL 33139		
3.1 TITLE	VD	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.2 NAME	RIOS, ANA		
3.3 STREET ADDRESS	3560 North 37th Street		
3.4 CITY-ST-ZIP	Hollywood, FL 33021		
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

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: *[Signature]* - Vice-president DATE: **4-3-96** (954) 894-8083
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)