

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

Mailing Address

618 EUCLID AVE.
MIAMI BEACH FL 33139-8628

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

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HERRERA, BEATRIZ
618 EUCLID AVE #403
MIAMI FL 33139

81 Name

ANA RIOS

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

13560 North 37th Street

83

Hollywood, FL 33021

84 City

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4-3-96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE
NAME HERRERA, BEATRIZ
STREET ADDRESS 618 EUCLID AVE 403
CITY-ST-ZIP MIAMI BCH. FL

1.1 TITLE PD ☒ Change ☐ Addition
1.2 NAME ANASCO, BEATRIZ M.
1.3 STREET ADDRESS 618 Euclid Avenue #403
1.4 CITY-ST-ZIP MIAMI BEACH, FL 33139

TITLE STD ☐ DELETE
NAME ANDERSON, DAVID
STREET ADDRESS 618 EUCLID AVE., #301
CITY-ST-ZIP MIAMI BCH. FL

2.1 TITLE STD ☒ Change ☐ Addition
2.2 NAME CORO, LESLIE
2.3 STREET ADDRESS 618 Euclid Ave #201
2.4 CITY-ST-ZIP MIAMI BEACH, FL 33139

TITLE VD ☐ DELETE
NAME CARIDAD, CORO
STREET ADDRESS 618 EUCLID AVE 201
CITY-ST-ZIP MIAMI BEACH FL

3.1 TITLE VO ☒ Change ☐ Addition
3.2 NAME RIOS, ANA
3.3 STREET ADDRESS 13560 North 37th Street
3.4 CITY-ST-ZIP Hollywood, FL 33021

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Caridad - Vice-president

4-3-96 (954) 894-8083

CR2E037 (12/95)