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NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 744090

(2)

## EUCLID PLAZA ASSOCIATION, INC., A CONDOMINIUM

Principal Place of Business		Mailing Address				Bill Bei Bine 1	II NII DENII SINII N		
618 EUCLID AVE. MIAMI BEACH FL 33139-8628		618 EUCLID AVE. MIAMI BEACH FL 33139-8	3628			3. Date incorporated or Qualifi  08/29/1978  4. FEI Number	ied		oplied For
						59-1991594			ot Applicable
·	Place of Business	2a. Mailing Address				5. Certificate of Status Desired	П		Additional
21 Suito Ant	All whom	26 Suite Ant # ate						<del></del>	Required
Suite, Apt. #, etc.		Suite, Apt. #, etc.	<del></del>			6. Election Campaign Financin Trust Fund Contribution	ig 🗆	\$5.00 Added t	
City & State		City & State			7. Is this nonprofit corporation				
23		28					Yes	□ No	
Zip	Country	Zip	Coun	try		8. This corporation owes or ha			
24	25   9. Name and Address of Curre	29 ent Registered Agent	30			Personal Property Tax due  10. Name and Address of New			No
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RIOS, AI	NΔ		L			CO Des Number le Net Acce	· -1-1 \		
,	37TH STREET		*	32 St	reet Addre	ess (P.O. Box Number Is Not Acce	ptablej		
	/OOD FL 33021		E	33					···
			ε	34 Ci	ty			85   Zip	Code
11. Parsuant	to the provisions of Sections 617.05	ing and 617 1508. Florida Statu	toe the abr	~ (e-na	med corno	eration summits this statement for t	he burnose		ito ropiotorod
office or r	to the provisions of Sections 617.05 registered agent, or both, in the State am lamiliar with, and accept the oblig	e of Florida, Such change was	authorized	by the	corporation	on's board of directors. I hereby a	ccept the ap	ppointment as	registered
	allidillidi wili, dilu ducedi lie oon	Janons Or. Section of Product. F							
-	,		iorida Statul	ies.					
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I hereby cert fy 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 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:

WAR ARANT RE(STA)

110198 (305) 535-0103

**FILED** 

Feb 04 1998 8:00am

Secretary of State

CR9E037 (10/0