

FILE NOW: FILING FEE IS \$61.25

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Mar 14 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **750109** (1)

1. Corporation Name

PARK TOWERS RESIDENCE AFILIATION, INC.



Principal Place of Business 10700 S.W. 109TH COURT APT. 427 MIAMI FL 33178	Mailing Address 10700 S.W. 109TH COURT APT. 427 MIAMI FL 33178-3363
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3. Date Incorporated or Qualified 12/07/1979	3a. Date of Last Report 03/28/1996
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2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

4. FEI Number NOT APPLICABLE	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent MIYAR, MARIA 10700 SW 109TH CT #427 MIAMI FL 33176	
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10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code

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 *Maria Miyar* DATE **3-10-97**
(NOTE: Registered Agent signature required when re-stating)

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SILVA, ADRIANA F 10700 S.W. 109TH CT #324 MIAMI FL 33176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD DIAZ, DELIA 10700 S.W. 109TH CT #320 MIAMI FL 33176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD PEREZ, INES 10700 S.W. 109TH CT #249 MIAMI FL 33176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MIYAR, MARIA 10700 S.W. 109TH CT #427 MIAMI FL 33176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD LARRIEU, HORTENSIA 10700 S.W. 109TH CT #305 MIAMI FL 33176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS EDEL MIRA FERNANDEZ 10700 S.W. 109TH CT #320 MIAMI FL 33176

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do 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 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 *Maria Miyar* DATE **3-10-97**

CR2E037 (9/96)