

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 # 751103 (3)
1. Corporation Name
BOSTON PLAZA CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business: 6801 INDIAN CREEK DRIVE, MIAMI BEACH FL 33141
Mailing Address: 221 S.W. 22ND AVE. 219 MIAMI FL 33135 US

583

3. Date Incorporated or Qualified: 02/19/1980
3a. Date of Last Report: 02/10/1995
4. FEI Number: 59-2115109
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

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, City & State, Zip, and Country.

9. Name and Address of Current Registered Agent
**HYMAN & KAPLAN
44 WEST FLAGLER STREET
MIAMI FL 33130**

10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, State (FL), and 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: [Signature] DATE: 3/24/96

12. OFFICERS AND DIRECTORS

TITLE	VP	NAME	ROQUE, AUGUSTO	STREET ADDRESS	6801 INDIAN CREEK DRIVE, #208	CITY-ST-ZIP	MIAMI BEACH FL	<input type="checkbox"/> DELETE
TITLE	P	NAME	KISSEL, PHYLIS	STREET ADDRESS	6801 INDIAN CREEK DRIVE, SUITE 501	CITY-ST-ZIP	MIAMI BCH, FL 00000	<input type="checkbox"/> DELETE
TITLE	T	NAME	QUILEZ, CATALINO	STREET ADDRESS	6801 INDIAN CREEK DRIVE, #309	CITY-ST-ZIP	MIAMI FL	<input type="checkbox"/> DELETE
TITLE	RS	NAME	GUTTER VIVIAN	STREET ADDRESS	6801 INDIAN CREEK DRIVE, SUITE 606	CITY-ST-ZIP	MIAMI BEACH FL	<input type="checkbox"/> DELETE
TITLE	D	NAME	MONROY, TONY	STREET ADDRESS	6801 INDIAN CREEK DRIVE, #201	CITY-ST-ZIP	MIAMI BEACH FL	<input type="checkbox"/> DELETE
TITLE	D	NAME	BAKAL, JACK	STREET ADDRESS	6801 INDIAN CREEK DRIVE #709	CITY-ST-ZIP	MIAMI BEACH FL	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VP	1.2 NAME	Anthony Monroy	1.3 STREET ADDRESS	6801 Indian Creek Dr. #201	1.4 CITY-ST-ZIP	Miami Beach, FL 33141	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	P	2.2 NAME	Bakal, Jack	2.3 STREET ADDRESS	6801 Indian Creek Dr. # 709	2.4 CITY-ST-ZIP	Miami Beach, FL 33141	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	T	3.2 NAME	Stella Traças	3.3 STREET ADDRESS	6801 Indian Creek Dr. #707	3.4 CITY-ST-ZIP	Miami Beach, FL 33141	<input checked="" 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 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] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: [Name] DATE: [Date] DAYTIME PHONE #: [Phone Number]

CR2E037 (12/95)