

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 # 755549 (3)

1. Corporation Name
COLLINS PLAZA CONDOMINIUM ASSOC. INC.



Principal Place of Business: 1334 COLLINS AVE. APT 602 MIAMI BEACH FL 33139 US
Mailing Address: 1334 COLLINS AVE. APT 602 MIAMI BEACH FL 33139 US

3. Date Incorporated or Qualified: 12/16/1980
3a. Date of Last Report: 05/01/1995
4. FEI Number: 59-2389846
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. Suite, Apt. #, etc.
22. City & State
23. Zip
24. Country
25. Mailing Address
26. Suite, Apt. #, etc.
27. City & State
28. Zip
29. Country
30.

9. Name and Address of Current Registered Agent: SHANER, EMMA, 1334 COLLINS AVE, STE 602, MIAMI BEACH FL 33139
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 (FL)

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: Emma D. Shaner
DATE: 1/15/96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD NAME: SHANER, EMMA STREET ADDRESS: 1334 COLLINS AVE, STE 602 CITY-ST-ZIP: MIAMI BCH FL	<input type="checkbox"/> DELETE	1.1 TITLE: PD 1.2 NAME: 1.3 STREET ADDRESS: 1.4 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VPD NAME: POMIER, RUDY STREET ADDRESS: 1334 COLLINS AVE, STE 304 CITY-ST-ZIP: MIAMI BEACH FL	<input type="checkbox"/> DELETE	2.1 TITLE: 2.2 NAME: 2.3 STREET ADDRESS: 2.4 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: SD NAME: VELASCO, SIQUES A STREET ADDRESS: 1334 COLLINS AVE, STE 604 CITY-ST-ZIP: MIAMI BEACH FL	<input type="checkbox"/> DELETE	3.1 TITLE: 3.2 NAME: 3.3 STREET ADDRESS: 3.4 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: TD NAME: SARLABOUS, NILDA STREET ADDRESS: 1334 COLLINS AVE, STE 201 CITY-ST-ZIP: MIAMI BEACH FL	<input checked="" type="checkbox"/> DELETE	4.1 TITLE: TD 4.2 NAME: RIFA ANTONIO 4.3 STREET ADDRESS: 1334 COLLINS AVE 501 4.4 CITY-ST-ZIP: MIAMI BEACH FL 33139	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: RIFA, ANTONIO STREET ADDRESS: 1334 COLLINS AVE, STE 501 CITY-ST-ZIP: MIAMI BCH FL	<input checked="" type="checkbox"/> DELETE	5.1 TITLE: 5.2 NAME: 5.3 STREET ADDRESS: 5.4 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: CABRAL, HUGO STREET ADDRESS: 1334 COLLINS AVE CITY-ST-ZIP: MIAMI BEACH FL	<input checked="" type="checkbox"/> DELETE	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: Emma D. Shaner
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DATE: 1/15/96
Daytime Phone #: 541-1215

CR2E037 (12/95)