


FILE NOW: FILING FEE IS \$61.25

FILED
May 12 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 # 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 33139-4228 US
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3. Date Incorporated or Qualified 12/16/1980	3a. Date of Last Report 01/23/1996
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2. Principal Place of Business 21 4001 N.W 5 ST Suite, Apt. #, etc. 22 MIAMI City & State 23 MIAMI FL Zip 24 33126 Country 25 FLA	2a. Mailing Address 26 P.O. BOX 44091 Suite, Apt. #, etc. 27 City & State 28 MIAMI FL Zip 29 33126 Country 30 FLA
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4. FEI Number 59-2389846	Applied For 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 checked="" type="checkbox"/> No	

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 LIZMARY NUTER
82 Street Address (P.O. Box Number is Not Acceptable)
4001 N.W 5 ST
83
84 City MIAMI FL 85 Zip Code 33126

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]* LIZMARY NUTER 4/1/97
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SHANER, EMMA	
STREET ADDRESS	1334 COLLINS AVE, STE 602	
CITY-ST-ZIP	MIAMI BCH FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	POMIER, RUDY	
STREET ADDRESS	1334 COLLINS AVE, STE 304	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	VELASCO, SIQUES A	
STREET ADDRESS	1334 COLLINS AVE, STE 604	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	RLFA, ANTONIO	
STREET ADDRESS	1334 COLLINS AVE. 501	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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: *[Signature]* EMMA SHANER 4/1/97 541-121
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0027487

CR2E037 (9/96)