

FILE NOW: FILING FEE IS \$61.25

FILED
May 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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		Mailing Address	
4001 NW 5 ST MIAMI FL 33126 US		P O BOX 440915 MIAMI FL 33126 US	
2. Principal Place of Business	2a. Mailing Address	21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.	22	27
City & State	City & State	23	28
Zip	Country	24	30
		25	

3. Date Incorporated or Qualified	12/16/1980	
4. FEI Number	59-2389846	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
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
7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

NUNEZ, LUZMARY
4001 NW 5 ST
MIAMI FL 33126

10. Name and Address of New Registered Agent

61 Name	
62 Street Address (P.O. Box Number is Not Acceptable)	
63	
64 City	FL 65 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	SHANER, EMMA	
STREET ADDRESS	1334 COLLINS AVE, STE 802	
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, SIOUES A	
STREET ADDRESS	1334 COLLINS AVE, STE 804	
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	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	ORLANDO GONZALEZ	
1.3 STREET ADDRESS	1334 COLLINS AVE	
1.4 CITY-ST-ZIP	MIAMI BEACH - FLA - 33139	
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	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	MARGARITA POMIER	
5.3 STREET ADDRESS	1334 - COLLINS AVE	
5.4 CITY-ST-ZIP	MIAMI BEACH - FLA - 33139	
6.1 TITLE	D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	EMMA SHANER	
6.3 STREET ADDRESS	1334 - COLLINS AVE	
6.4 CITY-ST-ZIP	MIAMI BEACH - 33139	

14. I 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: _____ 04-06-98 (305)865-8718

CR2E037 (10/97)