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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 755549

1. Corporation Name
COLLINS PLAZA CONDOMINIUM ASSOC. INC.

Principal Place of Business 4001 NW 5 ST MIAMI FL 33126 US	Mailing Address P O BOX 440915 MIAMI FL 33126 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	3. Date Incorporated or Qualified 12/16/1980	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		

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

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 Luzmary Nunez (NOTE: Registered Agent signature required when reinstating) DATE 4/15/99

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	GONZALEZ, O	
STREET ADDRESS	1334 COLLINS AVE	
CITY-ST-ZIP	MIAMI BCH FL 33139	
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	D	<input type="checkbox"/> DELETE
NAME	POMIER, M	
STREET ADDRESS	1334 COLLINS AVE	
CITY-ST-ZIP	MIAMI BCH FL 33135	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SHAVER, E	
STREET ADDRESS	1334 COLLINS AVE	
CITY-ST-ZIP	MIAMI BCH FL 33139	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	MARIA CRISTINA ALVAREZ	
1.3 STREET ADDRESS	1334 COLLINS AVE # 404	
1.4 CITY-ST-ZIP	MIAMI BEACH FL 33139	
2.1 TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	EMMA SHANER	
2.3 STREET ADDRESS	1334 COLLINS AVE # 602	
2.4 CITY-ST-ZIP	MIAMI BEACH FL 33139	
3.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	VELASCO SIQUES A	
3.3 STREET ADDRESS	1334 COLLINS AVE # 604	
3.4 CITY-ST-ZIP	MIAMI BEACH FL 33139	
4.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	RIFA ANTONIO	
4.3 STREET ADDRESS	1334 COLLINS AVE 501	
4.4 CITY-ST-ZIP	MIAMI BEACH FL 33139	
5.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	POMIER RUDY	
5.3 STREET ADDRESS	1334 COLLINS AVE 304	
5.4 CITY-ST-ZIP	MIAMI BEACH FL 33139	
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 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, with all other like empowered.

SIGNATURE: [Signature] SIGNATURE REQUIRED [Signature] DATE 4/15/99 DAYTIME PHONE # 305 865 8718

CR2E037 (1/1/98)