

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 APR 21 AM 9:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 758280 (2)

1. Corporation Name

CONDOMINIUM "B" ASSOCIATION AT MEDITERRANEA, INC

Principal Place of Business	Mailing Address
323 IVES DAIRY RD 12 MIAMI FL 33179 US	323 IVES DAIRY RD 12 MIAMI FL 33179 US

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
24 Zip	25 Country
29 Zip	30 Country

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
10/30/1981	04/18/1994
4. FEI Number	Applied For
59-2144951	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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status	<input type="checkbox"/> \$68.75 Supplemental Fee Not Required
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

SHAPIRO, ROBERT I.
355 IVES DAIRY ROAD
MIAMI FL 33179

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	TD
NAME	QUADRINI, PAT
STREET ADDRESS	337-5 IVES DAIRY RD
CITY-ST-ZIP	MIAMI FL
TITLE	VD
NAME	SLATZMAN, YUSTY
STREET ADDRESS	337-04 IVES DAIRY RD.
CITY-ST-ZIP	MIAMI FL
TITLE	SD
NAME	ROBINSON, LUCIA
STREET ADDRESS	337-2 IVES DAIRY RD
CITY-ST-ZIP	MIAMI FL
TITLE	VD
NAME	HELLER, MEL
STREET ADDRESS	323-08 IVES DAIRY ROAD
CITY-ST-ZIP	MIAMI FL
TITLE	PD
NAME	MANNA, INGRED
STREET ADDRESS	323-07 IVES DAIRY ROAD
CITY-ST-ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	CROCKETT, HILDA	
1.3 STREET ADDRESS	323-03 IVES DAIRY ROAD	
1.4 CITY-ST-ZIP	MIAMI, FL 33179	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	RAMON LEVIN - VD	
2.3 STREET ADDRESS	33701 IVES DAIRY ROAD	
2.4 CITY-ST-ZIP	MIAMI, FL 33179	
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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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: HILDA CROCKETT Hilda Crockett 4/13/95 (305) 893-7400

(Type Name) (Type Name)