

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 # 770834 (0)

1. Corporation Name

MILLER DREAMS II TOWNHOMES ASSOCIATION, INC.



Principal Place of Business: C/O JPM SERVICES, P.O. BOX 820210, SOUTH FLORIDA FL 33082-7210
Mailing Address: C/O JPM SERVICES, P.O. BOX 820210, SOUTH FLORIDA FL 33082-7210

3. Date Incorporated or Qualified: 10/18/1983
3a. Date of Last Report: 02/08/1995
4. FEI Number: 59-2616206
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 (21-24)
2a. Mailing Address (25-28)
22. Suite, Apt. #, etc.
23. City & State
24. Zip, Country

9. Name and Address of Current Registered Agent: BECKER, POLIAKOFF & STREITFELD, P.A., ROSA DE LA CAMARA, 6161 BLUE LAGOON DR., SUITE 250, MIAMI FL 33126
10. Name and Address of New Registered Agent (81-85)

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: D	ALBURY, CINDY 5911 S.W. 133 CT. MIAMI FL	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VD	TRAVIESO, LUIS 5920 S.W. 133 PLACE MIAMI FL	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: PD	RODRIGUEZ, EUNICE 5927 SW 133RD PLACE MIAMI FL	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: SD	RAMIREZ, MARIA 13324 SW 60 TR MIAMI FL	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: TD	LOPEZ, JOSE 13352 SW 59 LN MIAMI FL	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <input type="checkbox"/> DELETE		6.2 NAME	
TITLE: <input type="checkbox"/> DELETE		6.3 STREET ADDRESS	
TITLE: <input type="checkbox"/> DELETE		6.4 CITY-ST-ZIP	
		2.2 NAME	SILVIA ECHEVARRIA
		2.3 STREET ADDRESS	13330 SW 59 TR
		2.4 CITY-ST-ZIP	MIAMI, FL 33183
		3.2 NAME	TO RICHARD RODRIGUEZ
		3.3 STREET ADDRESS	13325 SW 59 TR
		3.4 CITY-ST-ZIP	MIAMI, FL 33183
		4.2 NAME	SO LEO ASECIO
		4.3 STREET ADDRESS	5913 SW 133 PL
		4.4 CITY-ST-ZIP	MIAMI, FL 33183
		5.2 NAME	PD

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 an attachment with an address.

SIGNATURE: *[Signature]* 4-15-96 821-0059
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)