

FILE NOW: FILING FEE IS \$61.25

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98 DEC -2 AM 11:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N00496 (2)**
1. Corporation Name
THE MARIBEL WAREHOUSE CONDOMINIUM ASSOCIATION, INC.

000002705100--2
-12/07/98--01149--002
*****61.25 *****61.25

Principal Place of Business 7551 N.W. 70ST Miami, FL 33166	Mailing Address 1717 NORTH BAYSHORE DRIVE Suite 103 Miami FL 33132
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3. Date Incorporated or Qualified 12/20/1983	4. FEI Number 65-0830323	Applied For <input type="checkbox"/> Not Applicable
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2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

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

81 Name	UNITED FINANCIAL PROPERTY MANAGEMENT INC
82 Street Address (P.O. Box Number is Not Acceptable)	1717 NORTH BAYSHORE DRIVE Suite 103
83	
84 City	Miami
85 Zip Code	FL 33132

10. Name and Address of New Registered Agent

81 Name	UNITED FINANCIAL PROPERTY MANAGEMENT INC
82 Street Address (P.O. Box Number is Not Acceptable)	1717 NORTH BAYSHORE DRIVE Suite 103
83	
84 City	Miami
85 Zip Code	FL 33132

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 **JULIO CABALLERO PROPERTY MANAGER** DATE **10/30/98**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BALDOR, TORRE	
STREET ADDRESS	7551 N.W. 70ST	
CITY - ST - ZIP	Miami FL 33166	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	ASUNCION, AURELIO	
STREET ADDRESS	7561 N.W. 70ST	
CITY - ST - ZIP	Miami FL 33166	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	CARRERA, FERNANDO	
STREET ADDRESS	7553 N.W. 70ST	
CITY - ST - ZIP	Miami, FL 33166	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: **BALDOR** DATE: **10/30/98** DAYTIME PHONE #: **(305) 883-5566**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/97)