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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 # N01246

1. Corporation Name
SOUTH MIAMI BUSINESS CENTER SEC. ONE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business 4651 - 4699 SW 72 AVE. 7175 SW 47 STREET. UNITS 201-210 MIAMI FL 33155 US	Mailing Address C/O MADDUX AND COMPANY P.O. BOX 557113 MIAMI FL 33255-7113
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 02/06/1984	4. FEI Number 59-2503801	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 WESTON, J. SCOTT C/O MADDUX AND COMPANY 4651 - 4699 SW 72 AVE MIAMI FL 33155				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 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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD SUSSMAN, LEONARD 4699 SW 72 AVENUE MIAMI FL 33155	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	VPD AGUILERA, HENRY 4661 SW 72 AVENUE MIAMI FL 33155	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	TD LARSON, RAY 4689 SW 72 AVENUE MIAMI FL 33155	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	SD HERTZ, AARON 7175 SW 47 ST. #210 MIAMI FL 33155	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Ray Larson **REQUIRED TREASURER** 4/19/99 (305) 264-9661
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)