

FILE NOW: FILING FEE IS \$61.25

FILED
Aug 26 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N01935
1. Corporation Name
MIAMI LAKES CORPORATE PLAZA CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business 9990-S.W.-77-Avenue Suite-330 Miami, FL--33156	Mailing Address 9990-S.W.-77-Avenue Suite-330 Miami, FL--33156
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3. Date Incorporated or Qualified 03/14/1984	3a. Date of Last Report 01/19/96
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2. Principal Place of Business 21 3493 NW 16th Street Suite, Apt. #, etc.	2a. Mailing Address 26 3493 NW 16th Street Suite, Apt. #, etc.
22 City & State 23 Miami, Florida	27 City & State 28 Miami, Florida
24 Zip 33125	25 Country USA
29 Zip 33125	30 Country USA

4. FEI Number 59-2507345	Applied For <input type="checkbox"/> 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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**Nealony, Thomas P., III
760-N.W.-107th-Avenue
Suite-400-
Miami, FL--33172**

10. Name and Address of New Registered Agent
**81 Name
Michael O. Weisz
82 Street Address (P.O. Box Number is Not Acceptable)
Albornoz, Segredo & Weisz
83 901 Ponce de Leon Blvd., Ste. 601
84 City
Coral Gables, FL 85 Zip Code
33134**

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 Michel Weisz DATE 8/22/97
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE PD	<input checked="" type="checkbox"/> DELETE
NAME Ferreira, Steven D.	
STREET ADDRESS 760 NW 107th Avenue, Ste. 400	
CITY-ST-ZIP Miami, FL	
TITLE FERR	<input checked="" type="checkbox"/> DELETE
NAME Branscomb, Rocco	
STREET ADDRESS 760 NW 107th Avenue, Ste. 400	
CITY-ST-ZIP Miami, FL	
TITLE D	<input checked="" type="checkbox"/> DELETE
NAME Green, Brian	
STREET ADDRESS 760 NW 107th Avenue, Ste. 400	
CITY-ST-ZIP Miami, FL	
TITLE SD	<input checked="" type="checkbox"/> DELETE
NAME Fisher, Joe	
STREET ADDRESS 6829 Brookline Dr.	
CITY-ST-ZIP Hialeah, FL	
TITLE MD	<input checked="" type="checkbox"/> DELETE
NAME Milen, Don	
STREET ADDRESS 6175 NE 153rd St., Ste. 120	
CITY-ST-ZIP Miami Lakes, FL	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE President, Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME H. John Stroehmann	
1.3 STREET ADDRESS 3493 NW 167 Street	
1.4 CITY-ST-ZIP Miami FL 33014	
2.1 TITLE Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME Gren Bergeron	
2.3 STREET ADDRESS 3493 NW 167 Street	
2.4 CITY-ST-ZIP Miami FL 33014	
3.1 TITLE Vice President Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME George Vince	
3.3 STREET ADDRESS 3493 NW 167 Street	
3.4 CITY-ST-ZIP Miami FL 33014	
4.1 TITLE Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME Marina Bass	
4.3 STREET ADDRESS 6175 NW 153rd Street # 208	
4.4 CITY-ST-ZIP Miami, FL 33014	
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 400002279524	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS -08/28/97--01046--012	
6.4 CITY-ST-ZIP ***61.25	

14. I do 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.

SIGNATURE: Michel Weisz President DATE 8/22/97 (305) 624-2999
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CFR2E037 (9/96)