

FILE NOW: FILING FEE IS \$61.25

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Mar 21 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N05200 (3)  
1. Corporation Name  
SALZEDO OFFICE CONDOMINIUM ASSOCIATION, INC.

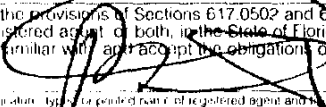


Principal Place of Business		Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
C/O THE TIMBERLAKE GROUP, INC 5050 NW 74TH AVENUE MIAMI FL 33166 US		C/O TIMBERLAKAE GROUP INC 5050 NW 74TH AVE MIAMI FL 33166-5516 US		09/18/1984	03/04/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	59-2494919	Not Applicable
Suite, Apt #, etc.	Suite, Apt #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22	27	<input checked="" type="checkbox"/>	
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23	28	<input type="checkbox"/>	
Zip	Country	29	30
24	25	29	30

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
DUGGER, ROBERT A. THE TIMBERLAKE GROUP INC 5050 NW 74TH AVENUE MIAMI FL 33166		81 Name	85 Zip Code
		82 Street Address (P.O. Box Number is Not Acceptable)	FL
		83	
		84 City	

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, 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:  ROBERT A. DUGGER DATE: 3-17-97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LARRIEU, JORGE	1.2 NAME	
STREET ADDRESS	111 FONTAINEBLEAU BLVD.	1.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL 33117-2	1.4 CITY - ST - ZIP	
TITLE	PDT <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOCAL, ABELARDO	2.2 NAME	
STREET ADDRESS	111 FONTAINEBLEAU BLVD. Suite 309	2.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL 33172	2.4 CITY - ST - ZIP	
TITLE	<del>RD</del> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<del>LARRIEU, RENE</del>	3.2 NAME	D LARRIEU, MANUEL, A.
STREET ADDRESS	<del>MIAMI FL</del>	3.3 STREET ADDRESS	3971 S.W. 8th. Street, #205
CITY - ST - ZIP	<del>MIAMI FL</del>	3.4 CITY - ST - ZIP	Miami, Florida 33134.
TITLE	<del>VP</del> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<del>DUGGER, ROBERT A</del>	4.2 NAME	D Dugger, Robert A.,
STREET ADDRESS	<del>8495 NW 53 ST A 102</del>	4.3 STREET ADDRESS	5050 N.W. 74th. Avenue,
CITY - ST - ZIP	<del>MIAMI FL</del>	4.4 CITY - ST - ZIP	Miami, Florida 33166.
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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:  ROBERT A. DUGGER DATE: 3-17-97 (305) 593-1141  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # 0032077

CR2E037 (9/96)