

5-5-98 B-6514 C
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FILED
 79 May 05 1998 8:00am
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
 Sandra B. Ham
 Secretary
 DIVISION OF CORPORATIONS

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



Principal Place of Business: C/O THE TIMBERLAKE GROUP, INC. 5050 NW 74TH AVENUE MIAMI FL 33166 US

Mailing Address: C/O TIMBERLAKAE GROUP INC 5050 NW 74TH AVE MIAMI FL 33166 US

3. Date incorporated or Qualified: 09/18/1984

4. FEI Number: 59-2494919

5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business (21-24) and Mailing Address (25-30) fields with sub-headers for Suite, City & State, and Zip/Country.

9. Name and Address of Current Registered Agent
 DUGGER, ROBERT A.
 THE TIMBERLAKE GROUP INC
 5050 NW 74TH AVENUE
 MIAMI FL 33166

10. Name and Address of New Registered Agent
 Name: _____
 Street Address (P.O. Box Number is Not Acceptable): _____
 City: _____ FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the re-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 Stat.

SIGNATURE: *[Signature]* R.A. EGER DATE: 2-16-98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: SD	NAME: LARRIEU, JORGE	1.1	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 111-FONTAINEBLEAU-BLVD.	CITY-ST-ZIP: MIAMI FL	1.2	
TITLE: PDT	NAME: DOCAL, ABELARDO	2.1	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 111-FONTAINEBLEAU-BLVD-SUITE 300	CITY-ST-ZIP: MIAMI FL	2.2	
TITLE: D	NAME: LARRIEU, MANUEL A.	3.1	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 3971 SW 8TH STREET, #205	CITY-ST-ZIP: MIAMI FL	3.2	
TITLE: D	NAME: DUGGER, ROBERT A.	4.1	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 5050 NW 74TH AVENUE	CITY-ST-ZIP: MIAMI FL	4.2	
TITLE: _____	NAME: _____	5.1	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: _____	CITY-ST-ZIP: _____	5.2	
TITLE: _____	NAME: _____	6.1	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: _____	CITY-ST-ZIP: _____	6.2	

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.

SIGNATURE: *[Signature]* DATE: 2/16/98 DAYTIME PHONE: 593-1141

CR2E037 (10/97)