

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

APPROVED AND FILED
1995 MAY -1 PM 4:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **N07171**

1. Corporation Name
SOUTH MIAMI BUSINESS CENTER TWO CONDOMINIUM ASSOCIATION INC.

Principal Place of Business LAND CAP PROP.SERV. 12000 SW 114 PL MIAMI, FL 33176	Mailing Address LAND CAP PROP.SERV. 12000 SW 114 PLACE MIAMI, FL 33176
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 01/17/1985	3a. Date of Last Report 7/5/94
4. FEI Number 65-0184102	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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under § 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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	County 25
29	30

9. Name and Address of Current Registered Agent
**STEPHEN SUITS
LAND CAP PROPERTY SERVICES INC.
12000 SW 114 PLACE
MIAMI, FL 33176**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: *Stephen Suits* (NOTE: Registered Agent signature required when reinstating) DATE:

12. OFFICERS AND DIRECTORS

TITLE	P/D
NAME	MICHAEL FLICK
STREET ADDRESS	7194 SW 47 ST.
CITY - ST - ZIP	MIAMI, FL 33155
TITLE	D
NAME	ERNESTO MEDINA
STREET ADDRESS	7184 SW 47 ST.
CITY - ST - ZIP	MIAMI, FL 33155
TITLE	S/D
NAME	MARLENE ITALIANO
STREET ADDRESS	370 HEATHER LANE
CITY - ST - ZIP	KEY BISCAYNE, FL. 33149
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	300001492943
13 STREET ADDRESS	-05/18/95--01012--014
14 CITY - ST - ZIP	****130.00 ****130.00
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Ernesto Medina* Ernesto Medina, Director, 4-13-95 (101)661-0011