

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 29 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mottham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N07171 (4)

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

Principal Place of Business 13800 SW 144 AVE RD 12000 SW 114 PL. MIAMI FL 33186 US	Mailing Address 13800 SW 144 AVE RD 12000 SW 114 PL. MIAMI FL 33186 US
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3. Date Incorporated or Qualified
01/17/1985

4. FEI Number
65-0184102

Applied For
 Yes No

2. Principal Place of Business 21 13800 SW 144 Ave Rd Suite, Apt. #, etc.	2a. Mailing Address 26 13800 SW 144 Ave. Rd Suite, Apt. #, etc.
22 City & State 23 Miami, FL	27 City & State 28 Miami, FL
24 Zip 33186 Country USA	29 Zip 33186 Country USA

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

9. Name and Address of Current Registered Agent

SUITS
~~QUIRO, STEPHEN~~
 13800 SW 144 AVE RD
 12000 SW 114 PL.
 MIAMI FL 33186

10. Name and Address of New Registered Agent

81 Name **Stephen Suits**

82 Street Address (P.O. Box Number is Not Acceptable)
do Land Cap Property Services

83 **13800 SW 144 Ave. Rd.**

84 City **Miami** FL 85 Zip Code **33186**

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 *Stephen Suits* DATE **3/4/98**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P/D	<input type="checkbox"/> DELETE
NAME	FLICK, MICHAEL	
STREET ADDRESS	7194 S.W. 47TH ST.	
CITY-ST-ZIP	MIAMI FL 33155	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MEDINA, ERNESTO	
STREET ADDRESS	7184 S.W. 47TH ST.	
CITY-ST-ZIP	MIAMI FL 33155	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ITALIANO, MARLENE	
STREET ADDRESS	370 HEATHER LANE	
CITY-ST-ZIP	KEY BISCAYNE FL 33149	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Jerry Burns
4.3 STREET ADDRESS	7192 SW 47 ST
4.4 CITY-ST-ZIP	Miami FL 33155
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Frank Murphy
5.3 STREET ADDRESS	7180 SW 47 ST #200
5.4 CITY-ST-ZIP	Miami, FL 33155
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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: *Stephen Suits* **3/4/98**

CR2E037 (10/97)