

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Jun 11 1997 8:00am**  
**Secretary of State**

**NONPROFIT CORPORATION ANNUAL REPORT 1997**



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

**DOCUMENT # N13119 (5)**  
 1. Corporation Name  
**SOUTH MIAMI BUSINESS CENTER SEC. FOUR CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business Mailing Address  
**7160 S.W. 47 ST. MIAMI FL 33155** **7160 S.W. 47 ST. MIAMI FL 33155-4654**

3. Date Incorporated or Qualified **01/23/1986** 3a. Date of Last Report **06/13/1996**

2. Principal Place of Business 2a. Mailing Address  
 21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
 22 City & State 27 City & State  
 23 Zip Country 28 Zip Country  
 24 25 29 30

4. FEI Number **65-0012886** Applied For Not Applicable  
 5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
 6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**  
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**CONTORAKES, GEORGE**  
**7160 S.W. 47 ST.**  
**MIAMI FL 33155**

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

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE	PD	<input type="checkbox"/> DELETE
NAME	ASMAR, MICHAEL	
STREET ADDRESS	9400 SW 11TH ST.	
CITY-ST-ZIP	MIAMI FL	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	HANDAL, ALEJANDRO	
STREET ADDRESS	7160 S.W. 47 ST.	
CITY-ST-ZIP	MIAMI FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	CONTORAKES, GEORGE	
STREET ADDRESS	7160 S.W. 47 ST.	
CITY-ST-ZIP	MIAMI FL	
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	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	ASMAR, MICHAEL	
1.3 STREET ADDRESS	7166 S.W. 47 Street	
1.4 CITY-ST-ZIP	MIAMI, FL. 33155	
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	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	CONTORAKES, GEORGE	
3.3 STREET ADDRESS	7160 S.W. 47 St.	
3.4 CITY-ST-ZIP	MIAMI, FL. 33155	
4.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	CONTORAKES, MARIA	
4.3 STREET ADDRESS	7160 S.W. 47 St.	
4.4 CITY-ST-ZIP	MIAMI, FL. 33155	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 in an attachment with an address.

SIGNATURE: *Michael Asmar* MICHAEL G. ASMAR 6-15/97 305-661-0131

CR2E037 (9/96)