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FILED
May 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # N24456 (8)
1. Corporation Name
MILAM AIRPORT PARK IV CONDOMINIUM ASSOCIATION, I NC.



Principal Place of Business Mailing Address
C/O GLORIA LERMA 4995 NW 72ND AVENUE, SUITE 303 MIAMI FL 33166

3. Date Incorporated or Qualified 01/22/1988
4. FEI Number 65-0077016 Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 Milam Airport Park IV 26 111 FONTAINEBLEAU BLVD
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State 27 Miami, FLORIDA
23 Zip 28 33172 Country 29 U.S.A. 30

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
LERMA, GLORIA
4995 NW 72ND AVENUE
SUITE 303
MIAMI FL 33166

10. Name and Address of New Registered Agent
81 Name Ana Rodriguez
82 Street Address (P.O. Box Number is Not Acceptable) 7074 N.W. 50 Street
83
84 City Miami FL 85 Zip Code 33166

11. Pursuant to the provisions of Sections 617.0503 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 Rodriguez DATE 4-24-98
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		DELETED
TITLE	PD LERMA, GLORIA	<input checked="" type="checkbox"/>
NAME	4995 NW 72ND AVENUE	
STREET ADDRESS	MIAMI FL	
CITY-ST-ZIP		
TITLE	STD ESPIN, GLADYS	<input checked="" type="checkbox"/>
NAME	4995 NW 72ND AVENUE	
STREET ADDRESS	MIAMI FL	
CITY-ST-ZIP		
TITLE	VD CLERICO, CARLO	<input checked="" type="checkbox"/>
NAME	4995 NW 72ND AVENUE	
STREET ADDRESS	MIAMI FL	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	Calvin Babcock	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	PD		
1.3 STREET ADDRESS	7074 N.W. 50 St.		
1.4 CITY-ST-ZIP			
2.1 TITLE	BECKY BABCOCK	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.2 NAME	VD		
2.3 STREET ADDRESS	7074 N.W. 50 St.		
2.4 CITY-ST-ZIP			
3.1 TITLE	BARBARA GARDNER	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.2 NAME	STD		
3.3 STREET ADDRESS	7074 N.W. 50 St.		
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
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: [Signature] DATE: 4-24-98 DAYTIME PHONE: 559-4100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE # 0032226

CR2E037 (10/97)