

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

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 FEB -1 PM 12:10

DOCUMENT # **N33234 (8)**

1. Corporation Name  
**MAJORCA PLAZA CONDOMINIUM 2 ASSOCIATION, INC.**

Principal Place of Business Mailing Address  
**49 MAJORCA AVE CORAL GABLES FL 33134**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>07/14/1989</b>	3a. Date of Last Report <b>06/27/1994</b>
4. FEI Number <b>65-0243575</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	<b>\$68.75</b> Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input 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	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent  
**URIBARRI, JOSE R.  
49 MAJORCA AVE.  
APT. 201  
CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent 81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

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

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD URIBARRI JOSE R. 49 MAJORCA AVE. #201 CORAL GABLES FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DV GRANDA MAGDA 49 MAJORCA AVE. #201 CORAL GABLES FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T BRINKMAN MARGARET 49 MAJORCA AVE. #201 CORAL GABLES FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S BEAUPETHUY DELIA 49 MAJORCA AVE. #201 CORAL GABLES FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D FLOREZ DELIA 49 MAJORCA AVE. #201 CORAL GABLES FL</b>
TITLE 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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>5 JUANITA RAFIELD</b>
4.3 STREET ADDRESS	<b>49 MAJORCA AVE #201</b>
4.4 CITY-ST-ZIP	<b>CORAL GABLES FL</b>
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>3 STURN, DELIA</b>
5.3 STREET ADDRESS	<b>49 MAJORCA AVE # 201</b>
5.4 CITY-ST-ZIP	<b>CORAL GABLES FL</b>
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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 in and on; 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 or is changed, or on an attachment with an address.

SIGNATURE: *Jose R. Uribaldi* **JOSE R. URIBARRI** (305) 444-1443