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Mar 11, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N33234

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

Principal Place of Business 49 MAJORCA AVE CORAL GABLES FL 33134	Mailing Address 49 MAJORCA AVE CORAL GABLES FL 33134
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 07/14/1989	4. FEI Number 65-0243575	Applied For 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		

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
 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		<input type="checkbox"/> DELETE
TITLE	PD	<input type="checkbox"/>
NAME	URIBARRI JOSE R.	
STREET ADDRESS	49 MAJORCA AVE. #201	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	DV	<input type="checkbox"/>
NAME	GRANDA MAGDA	
STREET ADDRESS	49 MAJORCA AVE. #201	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	T	<input checked="" type="checkbox"/>
NAME	BRINKMAN MARGARET	
STREET ADDRESS	49 MAJORCA AVE. #201	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	S	<input type="checkbox"/>
NAME	RAFIELD, JUANITA	
STREET ADDRESS	49 MAJORCA AVE. 201	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	D	<input type="checkbox"/>
NAME	BEAUPERTHUY, DELIA	
STREET ADDRESS	49 MAJORCA AVE 201	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
1.1 TITLE			
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.2 NAME	DELIA FLOREZ		
3.3 STREET ADDRESS	49 MAJORCA AVE. # 202		
3.4 CITY-ST-ZIP	CORAL GABLES, FL 33134		
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 in an attachment with an address, with all other like empowered.

SIGNATURE: Jose R. Uribarrí **REQUIRED PRESIDENT** 3/2/99 Date Daytime Phone #

CR2E037 (1/98)