

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

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N93000003848 (9)**

1. Corporation Name  
**HARDING TOWER CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business: **7760 W 20TH AVE STE 1 HIALEAH FL 33016 US**  
Mailing Address: **7760 W 20TH AVE STE 1 HIALEAH FL 33016 US**

3. Date Incorporated or Qualified: **08/23/1993**  
3a. Date of Last Report: **05/01/1995**  
4. FEI Number: **65-0488498**  
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

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

9. Name and Address of Current Registered Agent  
**WEIL, MURRAY B JR  
1666 79TH ST CAUSEWAY  
SUITE 608  
MIAMI BEACH FL 33141**

10. Name and Address of New Registered Agent  
81 Name: **FRANCISCO JOSE**  
82 Street Address (P.O. Box Number is Not Acceptable): **6801 HARDING AVE APT 317**  
83  
84 City: **MIAMI BEACH** FL 85 Zip Code: **33141**

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: *X Jose Samanes* DATE: **7/1/96**  
Signature of typed or printed name of registered agent and state it available (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS  |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92  |
|---|--|---|
| TITLE: PD<br>NAME: WEINTRAUB, SAMUEL<br>STREET ADDRESS: 1666-79TH ST CAUSEWAY #608<br>CITY-ST-ZIP: MIAMI BEACH FL 33141   | <input checked="" type="checkbox"/> DELETE | 1.1 TITLE: <b>PRESIDENT DIR</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br>1.2 NAME: <b>FRANCISCO JOSE</b><br>1.3 STREET ADDRESS: <b>6801 HARDING AVE APT # 317</b><br>1.4 CITY-ST-ZIP: <b>MIAMI BEACH FL 33141</b>          |
| TITLE: STD<br>NAME: WEINTRAUB, ABRAHAM<br>STREET ADDRESS: 1666-79TH ST CAUSEWAY #608<br>CITY-ST-ZIP: MIAMI BEACH FL 33141 | <input checked="" type="checkbox"/> DELETE | 2.1 TITLE: <b>EMILIO SALMAN DIR</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br>2.2 NAME: <b>JOSE PRESIDENTE</b><br>2.3 STREET ADDRESS: <b>6801 HARDING AVE</b><br>2.4 CITY-ST-ZIP: <b>MIAMI BEACH FL 33141</b>               |
| TITLE: D<br>NAME: WEIL, MURRAY B JR<br>STREET ADDRESS: 1666 79TH ST CAUSEWAY #608<br>CITY-ST-ZIP: MIAMI BCH FL            | <input checked="" type="checkbox"/> DELETE | 3.1 TITLE: <b>MIAMI BEACH</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br>3.2 NAME: <b>FL 33141</b><br>3.3 STREET ADDRESS:<br>3.4 CITY-ST-ZIP:  |
| TITLE: <input type="checkbox"/> DELETE  |  | 4.1 TITLE: <b>TREASURER DIR</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br>4.2 NAME: <b>ALVAREZ DELA CAYNA ALBERO</b><br>4.3 STREET ADDRESS: <b>6801 HARDING AVE APT 322</b><br>4.4 CITY-ST-ZIP: <b>MIAMI BEACH FL 33141</b> |
| TITLE: <input type="checkbox"/> DELETE  |  | 5.1 TITLE: <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br>5.2 NAME:<br>5.3 STREET ADDRESS:<br>5.4 CITY-ST-ZIP:   |
| TITLE: <input type="checkbox"/> DELETE  |  | 6.1 TITLE: <b>800001903865</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br>6.2 NAME: <b>-07/25/96--01004--044</b><br>6.3 STREET ADDRESS: <b>***61.25</b><br>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)(k), 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: *X Jose Samanes* DATE: **7/1/96**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)