

AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

FILED
Mar 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1996-1997**



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

DOCUMENT # **N93000003848 (9)**
1. Corporation Name
HARDING TOWER CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address

~~7760 W 20TH AVE STE 1 HIALEAH FL 33016 US~~ ~~7760 W 20TH AVE STE 1 HIALEAH FL 33016 US~~

HARDING TOWER CONDO INC

2. Principal Place of Business 2a. Mailing Address

21 **6801 HARDING AVE** 26 **6801 HARDING AVE**

22 **APT # 317** 27 **APT 317**

23 **MIAMI BEACH** 28 **MIAMI BEACH**

24 **33141** 25 **FL** 29 **33141** 30 **FL**

3. Date Incorporated or Qualified **08/23/1993** 3a. Date of Last Report **05/01/1995/1996**

4. FEI Number **65-0488498** 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

~~WEIL, MURRAY B JR
1666 79TH ST CAUSEWAY
SUITE 608
MIAMI BEACH FL 33141~~

**JOSE FRANCISCO
6801 HARDING AVE
APT 317 MIAMI BEACH
FL 33141**

10. Name and Address of New Registered Agent

81 Name **JOSE FRANCISCO**

82 Street Address (P.O. Box Number is Not Acceptable) **6801 HARDING AVE #317**

83 **MIAMI BEACH**

84 **MIAMI BEACH** 85 **FL** 86 **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 Jose Francisco DATE **2-28-97**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PR	<input checked="" type="checkbox"/> DELETE
NAME	WEINTRAUB, SAMUEL	
STREET ADDRESS	1666 79TH ST CAUSEWAY #608	
CITY-ST-ZIP	MIAMI BEACH FL 33141	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	WEINTRAUB, ABRAHAM	
STREET ADDRESS	1666 79TH ST CAUSEWAY #608	
CITY-ST-ZIP	MIAMI BEACH FL 33141	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WEIL, MURRAY B JR	
STREET ADDRESS	1666 79TH ST CAUSEWAY #608	
CITY-ST-ZIP	MIAMI BCH 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	STILL PRES	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	JOSE FRANCISCO	
1.3 STREET ADDRESS	6801 HARDING AVE #317	
1.4 CITY-ST-ZIP	MIAMI BEACH FL 33141	
2.1 TITLE	STILL	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	ALBERTO A DELACAMPA	
2.3 STREET ADDRESS	6801 HARDING AVE #317 (STD)	
2.4 CITY-ST-ZIP	MIAMI BEACH FL 33141	
3.1 TITLE	ADD BARBARA GUERRA	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	D	
3.3 STREET ADDRESS	506 NW 20 AVE	
3.4 CITY-ST-ZIP	MIAMI FL 33141	
4.1 TITLE	VP. HELIO BENTO TOLEDO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	ADD	
4.3 STREET ADDRESS	6801 HARDING AVE #223	
4.4 CITY-ST-ZIP	MIAMI BEACH FL	
5.1 TITLE	VP. EVLOGIO PINO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	ADD	
5.3 STREET ADDRESS	9246 COLLIER AVE SUITE 4	
5.4 CITY-ST-ZIP	MIAMI BEACH 33141	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	900002113889	
6.3 STREET ADDRESS	-03/14/97--01005--017	
6.4 CITY-ST-ZIP	***61.25	

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, 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: Jose Francisco DATE **2-28-97** DAYTIME PHONE # **266 0221**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (3/96)