

FILE NOW: FILING FEE IS \$61.25

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**Jan 16 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 # **N93000003848 (9)**
1. Corporation Name
HARDING TOWER CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business		Mailing Address		3. Date Incorporated or Qualified	
6801 HARDING AVE SPR #317 MIAMI BEACH FL 33141 US		6801 HARDING AVE SPR #317 MIAMI BEACH FL 33141 US		08/23/1993	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		65-0488498	
22 City & State		27 City & State		Applied For	
23 Zip		28 Zip		Not Applicable	
Country		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24		25		29	
26		27		30	
28		29		30	
29		30		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
30		31		7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
31		32		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
FRANCISCO, JOSE 6801 HARDING AVE. APT. 317 MIAMI BEACH FL 33141				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 Jose Francisco DATE 1-10-98

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD FRANCISCO, JOSE <input type="checkbox"/> DELETE	1.1 TITLE	PD JOSE FRANCISCO <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	6801 HARDING AVE. APT 317	1.2 NAME	
STREET ADDRESS	MIAMI BCH FL 33141	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	STD ADELCAPIA, ALBERTO <input checked="" type="checkbox"/> DELETE	2.1 TITLE	STD CELIDA PIRON <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	6801 HARDING AVE #322	2.2 NAME	6801 HARDING AVE #417
STREET ADDRESS	MIAMI BEACH FL 33141	2.3 STREET ADDRESS	Miami Beach FL 33141
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	D GUERRA, BARBARA <input checked="" type="checkbox"/> DELETE	3.1 TITLE	D EMILIO SALMAN <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	500 NW 20 AVE	3.2 NAME	4530 ALTON RD
STREET ADDRESS	MIAMI FL 33125	3.3 STREET ADDRESS	MIAMI BEACH FL 33139
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	VPD TOCEDO, HELIOBENTO <input type="checkbox"/> DELETE	4.1 TITLE	VPD HELIOBENTO TO LEDO <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	6801 HARDING AVE #223	4.2 NAME	
STREET ADDRESS	MIAMI BEACH FL 33141	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	VPD PINO, EUCOGIO <input type="checkbox"/> DELETE	5.1 TITLE	VPD EUCOGIO PINO <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	9248 COLIAN AVE SUITE 4	5.2 NAME	
STREET ADDRESS	MIAMI BEACH FL 33154	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: Jose Francisco DATE: 1-10-98 308266-0252

CR2E037 (10/97)