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Secretary of State

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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N93000003848

1. Corporation Name

HARDING TOWER CONDOMINIUM ASSOCIATION, INC.

* 8 8 8 7 1 8 *
 88718 . 90010 . 26

Principal Place of Business

6801 HARDING AVE
 SPR #317
 MIAMI BEACH FL 33141
 US

Mailing Address

6801 HARDING AVE
 SPR #317
 MIAMI BEACH FL 33141
 US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip 30 Country

3. Date Incorporated or Qualified

08/23/1993

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

9. Name and Address of Current Registered Agent

FRANCISCO, JOSE
 6801 HARDING AVE.
 APT. 317
 MIAMI BEACH FL 33141

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 *Jose Francisco*

JOSE FRANCISCO

01-11-99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DELETE

NAME PD FRANCISCO, JOSE
 STREET ADDRESS 6801 HARDING AVE. APT 317
 CITY-ST-ZIP MIAMI BCH FL 33141

TITLE DELETE

NAME STD PICON, CELIDA
 STREET ADDRESS 6801 HARDING AVE #417
 CITY-ST-ZIP MIAMI BEACH FL 33141

TITLE DELETE

NAME D SALMAN, EMILIO
 STREET ADDRESS 4530 ALTON RD
 CITY-ST-ZIP MIAMI BCH FL 33139

TITLE DELETE

NAME VPD TOLEDO, HELIOBERTO
 STREET ADDRESS 6801 HARDING AVE #223
 CITY-ST-ZIP MIAMI BEACH FL 33141

TITLE DELETE

NAME VPD PINO, EULOGIO
 STREET ADDRESS 9248 COLIAN AVE SUITE 4
 CITY-ST-ZIP MIAMI BEACH FL 33154

TITLE DELETE

NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME PD FRANCISCO, JOSE
 1.3 STREET ADDRESS 6801 HARDING AVE. # 317
 1.4 CITY-ST-ZIP MIAMI BEACH, FL 33141

2.1 TITLE Change Addition

2.2 NAME TD SALMAN, EMILIO
 2.3 STREET ADDRESS 4530 ALTON RD
 2.4 CITY-ST-ZIP MIAMI BEACH, FL 33139

3.1 TITLE Change Addition

3.2 NAME SD POOR, ROZANA LAURA
 3.3 STREET ADDRESS 6801 HARDING AVE. # 422
 3.4 CITY-ST-ZIP MIAMI BEACH, FL 33141

4.1 TITLE Change Addition

4.2 NAME VSD ALVAREZ, ALEIDA
 4.3 STREET ADDRESS 6801 HARDING AVE. #. 222
 4.4 CITY-ST-ZIP MIAMI BEACH, FL 33141

5.1 TITLE Change Addition

5.2 NAME VPD TORRES, ERNESTO
 5.3 STREET ADDRESS 6801 HARDING AVE. # 505
 5.4 CITY-ST-ZIP MIAMI BEACH, FL 33141

6.1 TITLE Change Addition

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Jose Francisco* SIGNATURE REQUIRED JOSE FRANCISCO 01-11-99

Date

Daytime Phone #

305 867 0143

CR2E037 (1/98)