


FILE NOW: FILING FEE IS \$61.25

FILED

**Jan 22 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N95000002957 (7)
 1. Corporation Name
ONE TEQUESTA POINT CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 888 BRICKELL KEY DRIVE MIAMI FL 33131	Mailing Address 888 BRICKELL KEY DRIVE MIAMI FL 33131
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3. Date Incorporated or Qualified 06/21/1995	
4. FEI Number 65-0592929	Applied For <input type="checkbox"/> Not Applicable

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

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
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
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	
KALLICHE, ANTHONY 5201 BLUE LAGOON DR SUITE 100 MIAMI FL 33126	

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		DELETED
TITLE	PD	<input checked="" type="checkbox"/>
NAME	ASSERAF, LAURENCE	
STREET ADDRESS	UNIT 2802, 888 BRICKELL KEY DR	
CITY-ST-ZIP	MIAMI FL	
TITLE	VD	<input type="checkbox"/>
NAME	WILLIAMS, KEITH	
STREET ADDRESS	888 BRICKELL KEY DR., #1911	
CITY-ST-ZIP	MIAMI FL	
TITLE	STD	<input type="checkbox"/>
NAME	VOS, JOSEPH	
STREET ADDRESS	888 BRICKELL KEY DRIVE, # 1508	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		CHANGED	ADDED
1.1 TITLE	PD	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	VOS, JOSEPH		
1.3 STREET ADDRESS	81508, 888 BRICKELL KEY DR.		
1.4 CITY-ST-ZIP	MIAMI, FL 33131		
2.1 TITLE	VD	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.2 NAME	WILLIAMS, KEITH		
2.3 STREET ADDRESS	#1911, 888 BRICKELL KEY DR.		
2.4 CITY-ST-ZIP	MIAMI, FL 33131		
3.1 TITLE	STD	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3.2 NAME	ANGELINI, CHRIS		
3.3 STREET ADDRESS	#605, 888 BRICKELL KEY DR.		
3.4 CITY-ST-ZIP	MIAMI, FL 33131		
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)(l), 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: _____ **DATE:** _____ **PHONE:** 305-358-8850

CR2E037 (10/97)