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Mar 03 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # N96000001217 (6)

1. Corporation Name

A TOUCH OF GLASS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

Mailing Address

100 S.E. 2ND ST. (2350)  
MIAMI FL 33131

100 S.E. 2ND ST. (2350)  
MIAMI FL 33131-2151

3. Date Incorporated or Qualified  
03/04/1996

3a. Date of Last Report  
1996

2. Principal Place of Business

2a. Mailing Address

21 635 WEST 68 STREET

28 635 W. 68th ST. HIALEAH FL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 [Handwritten address]

27 [Handwritten address]

City & State

City & State

23 HIALEAH FL

28 SA

Zip

Country

Zip

Country

24 33014

25 DADE

29

30

4. PEI Number

Applied For

65-0713928

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

\$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

10. Name and Address of New Registered Agent

ZAIAC, MANUEL  
100 S.E. 2ND ST.  
SUITE 2350  
MIAMI FL 33131

81 Name

JAMES GONZALEZ

82 Street Address (P.O. Box Number is Not Acceptable)

635 WEST 68 STREET

83

84 City

HIALEAH

FL

85 Zip Code

33014

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: [Signature] JAMES GONZALEZ DATE: 2/12/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P= NAME ZAIAC MANUEL STREET ADDRESS 100 S.E. 2ND STREET SUITE # 2350 CITY-ST-ZIP MIAMI FL 33131

1.1 TITLE P= / PM 1.2 NAME JAMES GONZALEZ 1.3 STREET ADDRESS 635 WEST 68th STREET 1.4 CITY-ST-ZIP HIALEAH FL 33014

TITLE NAME STREET ADDRESS CITY-ST-ZIP

2.1 TITLE T= D- 2.2 NAME RICARDO J. CARRANZA 2.3 STREET ADDRESS 627 WEST 68th STREET 2.4 CITY-ST-ZIP HIALEAH FL 33014

TITLE NAME STREET ADDRESS CITY-ST-ZIP

3.1 TITLE S= D- 3.2 NAME MIGDALIA GONZALEZ 3.3 STREET ADDRESS 635 WEST 68th STREET 3.4 CITY-ST-ZIP HIALEAH FL 33014

TITLE NAME STREET ADDRESS CITY-ST-ZIP

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

14. I do 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: [Signature] REQUIRED

1-29-97

CR2E037 (9/96)