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NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # N96000002726

1. Corporation Name

PARC PLAZA SOUTH BEACH CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business
1775 WASHINGTON AVENUE
MIAMI BEACH FL 33139

Mailing Address
1775 WASHINGTON AVENUE
MIAMI BEACH FL 33139



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified
05/21/1996

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
65-0705280

Applied For
Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BECKER & POLIAKOFF
3111 STIRLING ROAD
FORT LAUDERDALE FL 33312

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME SABATES, GEORGIANA
STREET ADDRESS 2555 COLLINS AVENUE #C-1
CITY-ST-ZIP MIAMI BEACH FL 33140

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE D
NAME MELANT, MANNY
STREET ADDRESS 1775 WASHINGTON AVENUE # 3C
CITY-ST-ZIP MIAMI BEACH FL 33139

2.1 TITLE VPD
2.2 NAME MOTTOLA, NICHOLAS
2.3 STREET ADDRESS 1775 Washington Ave # 14E
2.4 CITY-ST-ZIP Miami Beach, FL. 33139

TITLE STD
NAME NOVO, LILLIAN
STREET ADDRESS 2555 COLLINS AVENUE #C-1
CITY-ST-ZIP MIAMI BEACH FL 33140

3.1 TITLE STD
3.2 NAME RAVELLO, MOISE #9E
3.3 STREET ADDRESS 1775 WASHINGTON AVE
3.4 CITY-ST-ZIP MIAMI BEACH, FL. 33139

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 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 a 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 my name is accompanied with an address, with all other like empowered.

SIGNATURE: [Signature] SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/99

CONDO OFFICE
(305) 538-8850

Daytime Phone #

CR2E037 (1/198)