


**FILED**  
**Apr 14, 1999 8:00 am**  
**Secretary of State**

04-14-1999 90189 048 \*\*\*\*61.25

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N98000002639**

1. Corporation Name  
**MED GROVE CONDOMINIUM ASSOCIATION, INC.**

350140 - 50021 - 13

Principal Place of Business  
**8800 S.W. 104TH STREET  
 MIAMI FL 33176**

Mailing Address  
**8800 S.W. 104TH STREET  
 MIAMI FL 33176**



2. Principal Place of Business 21 <del>8800 S.W. 104TH STREET</del> <b>3280 MATILDA ST.</b>	2a. Mailing Address 26 <del>8800 S.W. 104TH STREET</del> <b>3280 MATILDA ST.</b>	3. Date Incorporated or Qualified <b>05/07/1998</b>
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	4. FEI Number <b>65-0886758</b>
23 City & State <b>MIAMI FL</b>	28 City & State <b>MIAMI, FL.</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
24 Zip <b>33133</b> 25 Country	29 Zip <b>33133</b> 30 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>

9. Name and Address of Current Registered Agent <b>DIAZ, RENE 8800 S.W. 104TH STREET MIAMI FL 33176</b>	10. Name and Address of New Registered Agent 81 Name <b>SAME</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>3280 MATILDA ST.</b> 83 84 City <b>MIAMI</b> 85 Zip Code <b>FL 33133</b>
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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 Rene Diaz Rene Diaz V. Pres. DATE 4-6-99

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD DIAZ, RENE 8800 S.W. 104TH STREET MIAMI FL 33176</b> <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<b>V.P.D. RENE DIAZ 3280 MATILDA ST. MIAMI, FL. 33133</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD DIAZ, GRACIELA 8800 S.W. 104TH STREET MIAMI FL 33176</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD ARANGO, EDUARDO S 8800 S.W. 104TH STREET MIAMI FL 33176</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<b>P.D. MARK DUKE 3280 MATILDA ST. MIAMI, FL. 33133</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<b>P.S.D. LINDA DUKE 3280 MATILDA ST. MIAMI, FL. 33133</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Rene Diaz **REQUIRED DIAZ V. PRES. 4-6-99 305 446 5354**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)