NEW FILING FEE AFTER MAY 1ST IS $550.00

NON-PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris

DIVISION OF CORPORATIONS

FILED
Mar 09, 1999 8:00 am
Secretary of State
03-09-1999 90015 035 ***150.00

DOCUMENT # P98000003007

Corporation Name
BORDEAUX TOWERS, INC.

Principal Place of Business
841 ANDALUSIA AVENUE
CORAL GABLES FL 33134

Mailing Address
841 ANDALUSIA AVENUE
CORAL GABLES FL 33134

Date Incorporated or Qualified
01/12/1998

FEI Number
65-0811969

[ ] Applied For
[ ] Not Applicable

Certificate of Status Desired [ ] $8.75 Additional Fee Required

Election Campaign Financing Trust Fund Contribution [ ] $5.00 May Be Added to Fee

This corporation owes the current year Intangible Personal Property Tax [X] Yes [ ] No

Principal Place of Business / Suite, Apt. #, etc. / City & State / Zip / Country

Mailing Address / Suite, Apt. #, etc. / City & State / Zip / Country

9. Name and Address of Current Registered Agent

RUA, CARLOS R
841 ANDALUSIA AVENUE
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

Name

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

City FL Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	RUA, CARLOS R
STREET ADDRESS	841 ANDALUSIA AVENUE
CITY-ST-ZIP	CORAL GABLES FL 33134

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

ck # 1030
2/19/99

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(1)(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 607, 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