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95 MAY -1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **222763** (5)
1. Corporation Name
BROWNSTONE COOPERATIVE APARTMENTS INC

Principal Place of Business Mailing Address
10178 COLLINS AVENUE BAL HARBOUR MIAMI BEACH FL 33154
10178 COLLINS AVENUE BAL HARBOUR MIAMI BEACH FL 33154

DO NOT WRITE IN THIS SPACE

| | | | | | |
|--------------------------------|--|------------------------|--|--|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified | 3a. Date of Last Report |
| 21 | | 26 | | 04/20/1959 | 03/02/1994 |
| 22 Suite, Apt. #, etc. | | 27 Suite, Apt. #, etc. | | 4. FEI Number | Applied For |
| 23 City & State | | 28 City & State | | 59-0868107 | Not Applicable |
| 24 Zip | | 29 Zip | | 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| 25 Country | | 30 Country | | 6. Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees |
| 26 | | 31 | | 8. This corporation has liability for intangible tax under S. 100.032 Florida Statutes | <input type="checkbox"/> Yes <input type="checkbox"/> No |

9. Name and Address of Current Registered Agent
QUINONES, FAUSTO
10178 COLLINS AVE, APT 107
BAL HARBOUR FL 33154

10. Name and Address of New Registered Agent

| | |
|---|-------------|
| B1 Name | B5 Zip Code |
| B2 Street Address (P.O. Box Number is Not Acceptable) | FL |
| B3 | |
| B4 City | |

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 _____ (Signature, Title of person acting as registered agent and title of corporation) (DATE, Registered Agent signature required after translation) DATE

12. OFFICERS AND DIRECTORS

| | |
|----------------|-----------------------|
| TITLE | SD |
| NAME | STONE, FRANCES T |
| STREET ADDRESS | 10178 COLLINS AVE |
| CITY, ST, ZIP | BAL HARBOUR, FL 00000 |
| TITLE | ASD |
| NAME | VIOLA, ALICE |
| STREET ADDRESS | 10178 COLLINS AVE |
| CITY, ST, ZIP | BAL HARBOUR, FL 00000 |
| TITLE | ATD |
| NAME | WELSTEAD, YVONNE |
| STREET ADDRESS | 10178 COLLINS AVE |
| CITY, ST, ZIP | BAL HARBOUR, FL 00000 |
| TITLE | VD |
| NAME | KULPA, ROBERT |
| STREET ADDRESS | 10178 COLLINS AVE |
| CITY, ST, ZIP | BAL HARBOUR FL |
| TITLE | PD |
| NAME | VEZZA, OVID M |
| STREET ADDRESS | 10178 COLLINS AVE |
| CITY, ST, ZIP | BAL HARBOUR, FL 00000 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY, ST, ZIP | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|-------------------|------------------------|----------|
| 11 TITLE | Change | Addition |
| 12 NAME | Welstead, Rosemary | |
| 13 STREET ADDRESS | 10178 Collin Ave. | |
| 14 CITY, ST, ZIP | Bal Harbour, Fl. 33154 | |
| 21 TITLE | Change | Addition |
| 22 NAME | Bauer, Peter | |
| 23 STREET ADDRESS | 10178 Collins Ave. | |
| 24 CITY, ST, ZIP | Ba Harbour, Fl. 33154 | |
| 31 TITLE | Change | Addition |
| 32 NAME | Yesulaitis, John | |
| 33 STREET ADDRESS | 10178 Collins Ave. | |
| 34 CITY, ST, ZIP | Bal Harbour, Fl. 33154 | |
| 41 TITLE | Change | Addition |
| 42 NAME | Veza M.D. Ovid | |
| 43 STREET ADDRESS | 10178 Collins Ave. | |
| 44 CITY, ST, ZIP | Bal Harbour, Fl. 33154 | |
| 51 TITLE | Change | Addition |
| 52 NAME | Fradera, Ricardo | |
| 53 STREET ADDRESS | 10178 Collins Ave. | |
| 54 CITY, ST, ZIP | Bal Harbour, Fl. 33154 | |
| 61 TITLE | Change | Addition |
| 62 NAME | | |
| 63 STREET ADDRESS | | |
| 64 CITY, ST, ZIP | | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplementary 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 recipient of a duly empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13, Change, or on an attachment with an address.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR

4-12-95 305-865-4251