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Mar 19 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 646305 (3)
1. Corporation Name
1560 JEFFERSON AVENUE CONDOMINIUM ASSOCIATION, I NC.



Principal Place of Business: 1560 JEFFERSON AVE APT #6 MIAMI BEACH FL 33139 US
Mailing Address: 1560 JEFFERSON AVE APT #6 MIAMI BEACH FL 33139-3440 US

3. Date Incorporated or Qualified: 11/27/1979
3a. Date of Last Report: 07/11/1996

2. Principal Place of Business: 21 Suite, Apt #, etc.
22 City & State: 23 MIAMI BEACH, FL.
24 Zip: 25 33140 Country: 26 U.S.

4. FEI Number: 11-4126433
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$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
GLASS, JAMES
1560 JEFFERSON AVE, #6
MIAMI BEACH FL 33139

10. Name and Address of New Registered Agent
81 Name: AL SASSON
82 Street Address (P.O. Box Number is Not Acceptable): 3144 SHERIDAN AVE.
83
84 City: MIAMI BEACH FL 85 Zip Code: 33140

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: AL SASSON T/D
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12. OFFICERS AND DIRECTORS

TITLE	PST	<input checked="" type="checkbox"/> DELETE
NAME	GLASS, JAMES	
STREET ADDRESS	1560 JEFFERSON AVE	
CITY-ST-ZIP	MIAMI BCH FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	DEFILIPPIS, THOMAS E	
STREET ADDRESS	1560 JEFFERSON AVE #8	
CITY-ST-ZIP	MIAMI BCH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ARDITH, ALICIA	
STREET ADDRESS	1560 JEFFERSON AVE #7	
CITY-ST-ZIP	MIAMI BCH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	T/D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	AL SASSON	
13 STREET ADDRESS	3144 SHERIDAN AVE	
14 CITY-ST-ZIP	MIAMI BEACH, FL 33139	
21 TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE	S/D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	CAROL JACQUE	
33 STREET ADDRESS	1560 JEFFERSON AVE #1	
34 CITY-ST-ZIP	MIAMI BEACH, FL. 33139	
41 TITLE	V/D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	PIADAD VELASQUEZ	
43 STREET ADDRESS	1560 JEFFERSON AVE #4	
44 CITY-ST-ZIP	MIAMI BEACH, FL. 33139	
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: AL SASSON T/D
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: (305) 532-1545
Daytime Phone #

CR2E034 (9/96)