

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR -8 PM 3:21

DOCUMENT # 712191 (6)
1. Corporation Name
POINT EAST THREE CONDOMINIUM CORPORATION, INC.

Principal Place of Business Mailing Address
2895 POINT EAST DRIVE 2895 POINT EAST DRIVE
MIAMI FL 33160 MIAMI FL 33160

DO NOT WRITE IN THIS SPACE

| | |
|--|--|
| 3. Date Incorporated or Qualified 02/01/1967 | 3a. Date of Last Report 07/19/1994 |
| 4. FEI Number 59-1279381 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/> | \$68.75 Supplemental Fee Not Required |
| 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| | |
|--------------------------------|-------------------------|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21. Suite, Apt. #, etc. | 26. Suite, Apt. #, etc. |
| 22. City & State | 27. City & State |
| 23. Zip Country | 28. Zip Country |
| 24. 25. 29. 30. | |

9. Name and Address of Current Registered Agent

RUBEN, ARTHUR M
2905 POINT E. DR. #L-415
MIAMI FL 33160

10. Name and Address of New Registered Agent

| |
|--|
| 81. Name |
| 82. Street Address (P.O. Box Number is Not Acceptable) |
| 83. |
| 84. City |
| 85. 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

| | |
|-----------------|--------------------------------|
| TITLE | PD |
| NAME | WARD, MAURICE |
| STREET ADDRESS | 2910 POINT E. DR M411 |
| CITY - ST - ZIP | MIAMI FL 33160 |
| TITLE | PVD |
| NAME | FRANKEL, SIMON |
| STREET ADDRESS | 2920 POINT E. DR. N506 |
| CITY - ST - ZIP | MIAMI FL 33160 |
| TITLE | SD |
| NAME | MEYEROWITZ, ROSE |
| STREET ADDRESS | 2905 POINT E. DR. L109 |
| CITY - ST - ZIP | MIAMI FL 33160 |
| TITLE | TD |
| NAME | CEMENT, ROBERT |
| STREET ADDRESS | 2910 PT EAST DR. #M-605 |
| CITY - ST - ZIP | MIAMI FL |
| TITLE | D |
| NAME | DORISON, LILLIAN |
| STREET ADDRESS | 2905 POINT E. DR. L115 |
| CITY - ST - ZIP | MIAMI FL 33160 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|---------------------|------------------------------|--|
| 1.1 TITLE | SD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | | |
| 1.3 STREET ADDRESS | | |
| 1.4 CITY - ST - ZIP | | |
| 2.1 TITLE | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | | |
| 2.3 STREET ADDRESS | | |
| 2.4 CITY - ST - ZIP | | |
| 3.1 TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | | |
| 3.3 STREET ADDRESS | Delete | |
| 3.4 CITY - ST - ZIP | | |
| 4.1 TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | Cement Robert | |
| 4.3 STREET ADDRESS | | |
| 4.4 CITY - ST - ZIP | | |
| 5.1 TITLE | PD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY - ST - ZIP | | |
| 6.1 TITLE | VD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 6.2 NAME | Ruben, Arthur M | |
| 6.3 STREET ADDRESS | 2905 Point E. Dr L415 | |
| 6.4 CITY - ST - ZIP | MIAMI, FL 33160 | |

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 110.07(3)(k), 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.

SIGNATURE: Lillian Dorison March 2, 1995
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #