


FILE NOW: FILING FEE IS \$61.25

FILED

May 22 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra G. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 712191 (6)  
1. Corporation Name  
POINT EAST THREE CONDOMINIUM CORPORATION, INC.



Principal Place of Business 2895 POINT EAST DRIVE MIAMI FL 33160	Mailing Address 2895 POINT EAST DRIVE MIAMI FL 33160-2658
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3. Date Incorporated or Qualified 02/01/1967	3a. Date of Last Report 02/13/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29	Country 30
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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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

*Cianciola Michael*  
*2903 Point East Drive K601*  
*Aventura FL 33160*

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 *Michael Cianciola* DATE *5-14-97*  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		DELETED
TITLE	SD	<input type="checkbox"/> DELETE
NAME	WARD, MAURICE	
STREET ADDRESS	2910 POINT E. DR M411	
CITY-ST-ZIP	MIAMI FL	
TITLE	VOD	<input checked="" type="checkbox"/> DELETE
NAME	CARBALLADA, JORGE	
STREET ADDRESS	2903 POINT E DRIVE K811	
CITY-ST-ZIP	N MIAMI BEACH FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	RUBEN, ARTHUR M	
STREET ADDRESS	2905 POINT E., DR., L415	
CITY-ST-ZIP	N. MIAMI BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WEINBERG, CHARLOTTE	
STREET ADDRESS	2905 POINT E DRIVE L315	
CITY-ST-ZIP	N. MIAMI BEACH FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	DORISON, LILLIAN	
STREET ADDRESS	2905 POINT E. DR. L115	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		CHANGED	ADDED
1.1 TITLE	President PD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
1.2 NAME	Cianciola, Michael		
1.3 STREET ADDRESS	2903 Point East Drive K604		
1.4 CITY-ST-ZIP	Aventura, FL. 33160		
2.1 TITLE	Vice-President VOD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
2.2 NAME	Neola, Seidler		
2.3 STREET ADDRESS	2920 Point East Dr. N-107		
2.4 CITY-ST-ZIP	Aventura, FL. 33160		
3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE	Treasurer TD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
4.2 NAME	Robert Ciment		
4.3 STREET ADDRESS	2910 Point East Dr.		
4.4 CITY-ST-ZIP	Aventura, FL. 33160		
5.1 TITLE	Director D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
5.2 NAME	Luis Nynes		
5.3 STREET ADDRESS	2905 Point East Dr. L-607		
5.4 CITY-ST-ZIP	Aventura, FL. 33160		
6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
6.2 NAME			
6.3 STREET ADDRESS			
6.4 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Michael Ciment* DATE: *4/15/97*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)