

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 712954 (7)

1. Corporation Name
JADE WINDS ASSOCIATION, INC.



Principal Place of Business: 1720 N E 191 STREET NORTH MIAMI BEACH FL 33179
Mailing Address: 1720 N E 191 STREET NORTH MIAMI BEACH FL 33179 US

3. Date Incorporated or Qualified: 06/19/1967
3a. Date of Last Report: 07/31/1995

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, City & State, and Zip/Country.

4. FEI Number: 59-1220918
5. Certificate of Status Desired: [X] \$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 [X] No

9. Name and Address of Current Registered Agent
**HYMAN & KAPLAN PA
44 W FLAGLER ST 14TH FLOOR
COURTHOUSE TOWER
MIAMI FL 33130**

10. Name and Address of New Registered Agent
81 Name: JULIO SANCHEZ
82 Street Address: 1720 N.E. 191st STREET
83 []
84 City: N. MIAMI BEACH FL 85 Zip Code: 33179

11. Pursuant to the provisions of Sections 617.0502 and 617.1506, 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: *George Merman* 4-10-96
(NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS

TITLE	PD	WELBER, FRED	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS	1750 NE 191ST ST		
CITY-ST-ZIP	N MIAMI BEACH FL		
TITLE	SD	MANULKIN, HAZEL	<input type="checkbox"/> DELETE
STREET ADDRESS	1770 NE 191ST STREET, #114		
CITY-ST-ZIP	N MIAMI BCH FL		
TITLE	TD	FELD, MILDRED	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS	1670 NE 191ST STREET, #305		
CITY-ST-ZIP	N MIAMI BCH FL		
TITLE	TD	DRAPER, ARTHUR	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS	1750 NE 191ST STREET, #128		
CITY-ST-ZIP	N MIAMI BCH FL		
TITLE	V	DEUTSCHER, EVELYN	<input type="checkbox"/> DELETE
STREET ADDRESS	1680 NE 191ST STREET, #410		
CITY-ST-ZIP	N MIAMI BCH FL		
TITLE	V	MERMAN, GEORGE	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS	1770 NW 191ST ST		
CITY-ST-ZIP	N MIAMI BEACH FL		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	Merman, George #706	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Merman, George #706		
1.3 STREET ADDRESS	1770 N.E. 191st ST		
1.4 CITY-ST-ZIP	N. Miami Beach, FL		
2.1 TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE	TD	Brill, Martin #200	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Brill, Martin #200		
3.3 STREET ADDRESS	1780 N.E. 191st St		
3.4 CITY-ST-ZIP	N. Miami Beach, FL		
4.1 TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME			
4.3 STREET ADDRESS	600001796796		
4.4 CITY-ST-ZIP	-04/26/96--01093--001		
5.1 TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	***70.00		
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE	V	Bergman, Izak #300	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Bergman, Izak #300		
6.3 STREET ADDRESS	1750 N.E. 191st St		
6.4 CITY-ST-ZIP	N. Miami Beach, FL		

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)(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: *George Merman Pres.* 4-10-96 949-4816
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)