

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 14 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

**DOCUMENT # 712954 (7)**

1. Corporation Name  
**JADE WINDS ASSOCIATION, INC.**



Principal Place of Business <b>1720 N E 191 STREET NORTH MIAMI BEACH FL 33179</b>	Mailing Address <b>1720 N E 191 STREET NORTH MIAMI BEACH FL 33179-4208 US</b>
--	--

3. Date Incorporated or Qualified <b>06/19/1967</b>	3a. Date of Last Report <b>04/26/1996</b>
4. FEI Number <b>59-1220918</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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 <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
Zip <b>29</b>	Country <b>30</b>

9. Name and Address of Current Registered Agent

**SANCHEZ, JULIO  
C O JADE WINDS  
1720 NE 191 ST.  
N. MIAMI BCH. FL 33179**

10. Name and Address of New Registered Agent

81 Name <b>Anthony A. Kalliche</b>	
82 Street Address (P.O. Box Number is Not Acceptable) <b>5201 Blue Lagoon Drive, STE#100</b>	
83 <b>MIAMI, FL 33126</b>	
84 City <b>FL</b>	85 Zip Code

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 *Kalliche Becker & Poliakoff PA* DATE **4/7/97**

Signature, type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE <b>PD</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>MERMAN, GEORGE</b>	
STREET ADDRESS <b>1770 NE 191 ST. #706</b>	
CITY-ST-ZIP <b>N. MIAMI BCH. FL</b>	
TITLE <b>SD</b>	<input type="checkbox"/> DELETE
NAME <b>MANULKIN, HAZEL</b>	
STREET ADDRESS <b>1770 NE 191ST STREET, #114</b>	
CITY-ST-ZIP <b>N MIAMI BCH FL</b>	
TITLE <b>TD</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>BRILL, MARTIN</b>	
STREET ADDRESS <b>1780 N.E. 191 ST. #200</b>	
CITY-ST-ZIP <b>N. MIAMI BCH FL</b>	
TITLE <b>V</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>DEUTSCHER, EVELYN</b>	
STREET ADDRESS <b>1660 NE 191ST STREET, #410</b>	
CITY-ST-ZIP <b>N MIAMI BCH FL</b>	
TITLE <b>V</b>	<input type="checkbox"/> DELETE
NAME <b>BERGMAN, IZAK</b>	
STREET ADDRESS <b>1750 NE 191ST ST. #300</b>	
CITY-ST-ZIP <b>N. MIAMI BCH FL</b>	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE <b>PD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME <b>WELBER, FRED</b>	
1.3 STREET ADDRESS <b>1750 NE 191 ST. #627</b>	
1.4 CITY-ST-ZIP <b>N. MIAMI BCH. FL</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 <b>TD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME <b>Merman, George</b>	
3.3 STREET ADDRESS <b>1770 NE 191 ST #706</b>	
3.4 CITY-ST-ZIP <b>N. MIAMI BCH. FL</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE <b>V</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME <b>DRAPER, ARTHUR</b>	
4.3 STREET ADDRESS <b>1750 NE 191 ST #128</b>	
4.4 CITY-ST-ZIP <b>N. MIAMI BCH. FL</b>	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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 *Fred Welber* DATE **4/3/97**

CR2E037 (9/96)