

FILE NOW: FILING FEE IS \$61.25

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Apr 14 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 33179-4208 US
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 06/19/1967	3a. Date of Last Report 04/26/1996
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1220918	Applied For <input type="checkbox"/> Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24	Country 25	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 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 Anthony A. Kalliche 82 Street Address (P.O. Box Number is Not Acceptable) 5201 Blue Lagoon Drive, STE#100 83 MIAMI, FL 33126 84 City FL 85 Zip Code	
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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 & Poligloff PA* DATE **4/7/97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME MERMAN, GEORGE		1.2 NAME WELBER, FRED	
STREET ADDRESS 1770 NE 191 ST. #706		1.3 STREET ADDRESS 1750 NE 191 ST. #627	
CITY-ST-ZIP N. MIAMI BCH. FL		1.4 CITY-ST-ZIP N. MIAMI BCH. FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE SD	<input type="checkbox"/> DELETE	2.1 TITLE	
NAME MANULKIN, HAZEL		2.2 NAME	
STREET ADDRESS 1770 NE 191ST STREET, #114		2.3 STREET ADDRESS	
CITY-ST-ZIP N MIAMI BCH FL		2.4 CITY-ST-ZIP	
TITLE TD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME BRILL, MARTIN		3.2 NAME Merman, George	
STREET ADDRESS 1780 N.E. 191 ST. #200		3.3 STREET ADDRESS 1770 NE 191 ST #706	
CITY-ST-ZIP N. MIAMI BCH FL		3.4 CITY-ST-ZIP N. MIAMI BCH. FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE V	<input checked="" type="checkbox"/> DELETE	4.1 TITLE V	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DEUTSCHER, EVELYN		4.2 NAME DRAPER, ARTHUR	
STREET ADDRESS 1680 NE 191ST STREET, #410		4.3 STREET ADDRESS 1750 NE 191 ST #128	
CITY-ST-ZIP N MIAMI BCH FL		4.4 CITY-ST-ZIP N. MIAMI BCH. FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE V	<input type="checkbox"/> DELETE	5.1 TITLE	
NAME BERGMAN, IZAK		5.2 NAME	
STREET ADDRESS 1750 NE 191ST ST. #300		5.3 STREET ADDRESS	
CITY-ST-ZIP N. MIAMI BCH FL		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 611, 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)