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Apr 04 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 716074 (0)

1. Corporation Name
TELSTAR CONDOMINIUM, INC.



Principal Place of Business Mailing Address
1811 JEFFERSON STREET 1811 JEFFERSON STREET
HOLLYWOOD FL 33020 HOLLYWOOD FL 33020-5406

3. Date Incorporated or Qualified 02/18/1969
3a. Date of Last Report 02/07/1996

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

4. FEI Number 59-1364959 Applied For Not Applicable

5. Certificate of Status Desired \$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 No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SERRURRIER, ALAIN
1811 JEFFERSON STREET
APARTMENT 210
HOLLYWOOD FL 33020

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 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 *Alain Serrurier* DATE *March 9th 1997*

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SERRURRIER, ALAIN	
STREET ADDRESS	1811 JEFFERSON ST -- APT. 210	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	LACASSEE, ANDRE	
STREET ADDRESS	1811 JEFFERSON ST., APT. 807	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	WATSON, MILDRED	
STREET ADDRESS	1811 JEFFERSON, APT. 405	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	DENHAM, MARY	
STREET ADDRESS	1811 JEFFERSON, APT. 710	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KENNEDY, GEORGE	
STREET ADDRESS	1811 JEFFERSON, APT. 204	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CHALIFOUX, PHILIPPE	
STREET ADDRESS	1811 JEFFERSON STREET, APT. 307	
CITY-ST-ZIP	HOLLYWOOD FL	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	NATAN BLUCKER V.P.
2.3 STREET ADDRESS	NATAN BLUCKER
2.4 CITY-ST-ZIP	1811 JEFFERSON #406 HOLLYWOOD, FL. 33020
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	TREASURER
3.3 STREET ADDRESS	JOYCE LACASSEE
3.4 CITY-ST-ZIP	1811 JEFFERSON # 807 HOLLYWOOD, FL 33020
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	DIRECTOR
4.3 STREET ADDRESS	ANN KROPINAK
4.4 CITY-ST-ZIP	1811 JEFFERSON #703 HOLLYWOOD, FL. 33020
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	DIRECTOR
5.3 STREET ADDRESS	JOE PACE
5.4 CITY-ST-ZIP	1811 JEFFERSON #401 HOLLYWOOD, FL. 33020
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	DIRECTOR
6.3 STREET ADDRESS	JUAN PIERRE RICHARD
6.4 CITY-ST-ZIP	1811 JEFFERSON #209

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: *Alain Serrurier* ALAIN SERRURIER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0021215

CR2E037 (9/96)