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Jun 03 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 # 717197 (8)
1. Corporation Name
MAJORCA TOWERS CONDOMINIUM, INC.



Principal Place of Business Mailing Address
11930 NORTH BAYSHORE DRIVE N MIAMI FL 33181 US
11930 NORTH BAYSHORE DRIVE N MIAMI FL 33181-2900 US

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 09/12/1969	3a. Date of Last Report 05/01/1996
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 59-1295138	Applied For Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. Zip Country	28. Zip Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Zip	25. Country	29. Zip	30. Country
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

BRAGER, NORMAN 11930 N BAYSHORE DR, APT PH-10 N. MIAMI FL 33181		81. Name SALUK, ARTHUR
		82. Street Address (P.O. Box Number is Not Acceptable) 11930 N. BAYSHORE DR. APT. PH-9
		83.
		84. City MIAMI, FL
		85. Zip Code 33181

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: *Arthur Saluk* ARTHUR SALUK, PRESIDENT DATE: 4/29/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BODNER, MILDRED	1.2 NAME	LEE PEARLMAN
STREET ADDRESS	11930 N. BAYSHORE DR.	1.3 STREET ADDRESS	11930 N. BAYSHORE DR.
CITY-ST-ZIP	N. MIAMI FL	1.4 CITY-ST-ZIP	N. MIAMI, FL 33181
TITLE	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAROUCH, JAY	2.2 NAME	ARTHUR SALUK
STREET ADDRESS	11930 N. BAYSHORE DR.	2.3 STREET ADDRESS	11930 N. BAYSHORE DR.
CITY-ST-ZIP	N. MIAMI FL	2.4 CITY-ST-ZIP	N. MIAMI, FL 33181
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BELL, DOLORES	3.2 NAME	
STREET ADDRESS	11930 N. BAYSHORE DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	N. MIAMI FL	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEYER, NORMAN	4.2 NAME	
STREET ADDRESS	11930 N. BAYSHORE DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	N. MIAMI FL	4.4 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STERN, GLENN	5.2 NAME	LOIS COREY
STREET ADDRESS	11930 N. BAYSHORE DR.	5.3 STREET ADDRESS	11930 N. BAYSHORE DR.
CITY-ST-ZIP	N. MIAMI FL	5.4 CITY-ST-ZIP	N. MIAMI, FL 33181
TITLE	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STERN, GLENN	6.2 NAME	FAYE SHEARS
STREET ADDRESS	11930 N. BAYSHORE DR.	6.3 STREET ADDRESS	11930 N. BAYSHORE DR.
CITY-ST-ZIP	MIAMI, FL 00000	6.4 CITY-ST-ZIP	N. MIAMI, FL 33181

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: *Lee Pearlman* LEE PEARLMAN, TREASURER DATE: 4/29/97 305-993-6851

CR2E037 (9/96)