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Secretary of State
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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

339868 - 90124 - 44

DOCUMENT # 718608

1. Corporation Name

JEFFERSON SOUTH SHORE CONDOMINIUM ASSOCIATION, I NC.

Principal Place of Business	Mailing Address
SILVER, CHARLES 631 JEFFERSON AVE. #204 MIAMI BEACH FL 33139 US	%GALIANA MANAGEMENT P O BOX 453436 MIAMI FL 33245 US

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	
21 631 Jefferson Ave	26 C/o Galiana Mang	06/02/1970	
Suite, Apt. #, etc. 22 Miami Beach	Suite, Apt. #, etc. 27 P.O. Box 453436	4. FEI Number 59-2520308	Applied For / Not Applicable
City & State 23 Florida	City & State 28 Miami, Florida	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
Zip 24 33139 Country 25 USA	Zip 29 33245- Country 30 USA	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

SILVER, CHARLES
631 JEFFERSON AVE
S204
MIAMI BCH FL 33139

Same

10. Name and Address of New Registered Agent

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 X Brenno Moretti Pres. DATE 4/2/99

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE	P	☐ Change ☐ Addition
NAME	SILVER, CHARLES		1.2 NAME	SILVER, CHARLES	
STREET ADDRESS	631 JEFFERSON AVE S204		1.3 STREET ADDRESS	631 Jefferson Ave # 204	
CITY-ST-ZIP	MIAMI BEACH FL		1.4 CITY-ST-ZIP	Same Miami Bch. Fl. 33139	
TITLE	D	☒ DELETE	2.1 TITLE	Director Pres.	☐ Change ☐ Addition
NAME	RODRIGUEZ, JOSE		2.2 NAME		
STREET ADDRESS	631 JEFFERSON AVE S304		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI LAKES FL		2.4 CITY-ST-ZIP		
TITLE	TS	☐ DELETE	3.1 TITLE	T. TS Moretti, Brenno	☐ Change ☒ Addition
NAME	MORETTI, BRENNO		3.2 NAME		
STREET ADDRESS	631 JEFFERSON AVE, #503		3.3 STREET ADDRESS	631 Jefferson Ave #503	
CITY-ST-ZIP	MIAMI BEACH FL		3.4 CITY-ST-ZIP	Miami Bch. Fl. 33139	
TITLE	D	☒ DELETE	4.1 TITLE	D-	☐ Change ☒ Addition
NAME	PAVONI, PIERRE		4.2 NAME	Robert Mc Donough	
STREET ADDRESS	631 JEFFERSON AVE 501		4.3 STREET ADDRESS	631 Jefferson Ave. #502.	
CITY-ST-ZIP	MIAMI BEACH FL		4.4 CITY-ST-ZIP	Miami Bch, Fl. 33139	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. I 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, with all other like empowered.

SIGNATURE: X SIGNATURE REQUIRED Pres. 4/2/99 305-854-2138

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)