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**Feb 27 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham, Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 719669 (4)

1. Corporation Name
DOME CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 2100-2150 SANS SOUCI BLVD. N. MIAMI FL 33181 US	Mailing Address 2150 SAN SOUCI BLVD. BOX 9057 NORTH MIAMI FL 33181 US
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3. Date Incorporated or Qualified 11/10/1970
4. FEI Number 59-1350690
Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 2100-2150 Sans Souci Blvd. Suite, Apt. #, etc. 22 City & State 23 No. Miami, Fl. Zip 33181 Country USA	2a. Mailing Address 26 S/A Suite, Apt. #, etc. 27 City & State 28 Same Zip Same Country Same
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**BECKER, POLIAKOFF & STREITFELD, P.A.
 3111 STIRLING ROAD.
 BOX 9057
 FT. LAUDERDALE FL 33312-3525**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	P D	<input type="checkbox"/> DELETE
NAME	SIGEREDO, BEGA	
STREET ADDRESS	2100 SANS SOUCI BLVD., #1005-S	
CITY-ST-ZIP	N. MIAMI FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	ROE, RENDA	
STREET ADDRESS	2150 SANS SOUCI BLVD., #211-N	
CITY-ST-ZIP	N. MIAMI FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	WHITE, PHILIP	
STREET ADDRESS	2150 SANS SOUCI BLVD., #1404-N	
CITY-ST-ZIP	N. MIAMI FL	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	SIGFREDO, VEGA	
STREET ADDRESS	2100 SANS SOUCI BLVD, #1005	
CITY-ST-ZIP	M. MIAMI FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	LEAVY, YALE	
STREET ADDRESS	2150 SANS SOUCI BLVD, #805	
CITY-ST-ZIP	N. MIAMI FL 33181	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	MORDUCHAY, FLORENCE	
STREET ADDRESS	2150 SANS SOUCI BLVD, #1506	
CITY-ST-ZIP	N. MIAMI FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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 checked="" type="checkbox"/> Addition
2.2 NAME	V.P. Abe Simberg
2.3 STREET ADDRESS	2100 Sans Souci Blvd. #1204-S
2.4 CITY-ST-ZIP	N. Miami, Fl. 33181
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	V.P. Florence Urkowitz
3.3 STREET ADDRESS	2150 Sans Souci Blvd. #1403-N
3.4 CITY-ST-ZIP	N. Miami, Fl. 33181
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Harry Roth
4.3 STREET ADDRESS	2150 Sans Souci Blvd. # 1101-N
4.4 CITY-ST-ZIP	North Miami, Fl. 33181
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 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: *Sigfredo Vega* Sigfredo Vega Pres 2/6/98 (305) 903 2107

CR2E037 (1097)