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NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # 719991

1. Corporation Name

RO-MONT SOUTH CONDOMINIUM "J", INC.

Principal Place of Business

20311 N.E. 2ND AVE.
 N MIAMI BEACH FL 33179

Mailing Address

20311 N.E. 2ND AVE.
 N MIAMI BEACH FL 33179



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country 30

3. Date Incorporated or Qualified

01/06/1971

4. FEI Number

59-1415936

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

9. Name and Address of Current Registered Agent

COTE, DORA K
 20311 NE 2ND AVE
 SUITE J-33
 N MIAMI BCH. FL 33179

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 Dora K. Cote
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

5/18/99
 DATE

12. OFFICERS AND DIRECTORS

TITLE VP DELETE
 NAME LEVINE, NORMAN
 STREET ADDRESS 20311 NE 2ND AVE #1
 CITY-ST-ZIP N. MIAMI BEACH FL

TITLE SD DELETE
 NAME LEVINE, BLANCH
 STREET ADDRESS 20311 NE 2ND AVE #1
 CITY-ST-ZIP N. MIAMI BEACH FL

TITLE T DELETE
 NAME COTE, DORA
 STREET ADDRESS 20311 NE 2ND AVE., APT. 33
 CITY-ST-ZIP N. MIAMI BEACH FL

TITLE PD DELETE
 NAME ~~FRISICARO, CHARLES~~
 STREET ADDRESS 20311 N.E. 2ND AVE. # 10
 CITY-ST-ZIP N. MIAMI BEACH FL

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition
 1.2 NAME 2ND VP BROWN, DAVID
 1.3 STREET ADDRESS 20311 NE 2ND AVE. # 17
 1.4 CITY-ST-ZIP N. MIAMI BEACH, FL.

2.1 TITLE Change Addition
 2.2 NAME 3RD VP MORELL, MARIO
 2.3 STREET ADDRESS 20311 N.E. 2ND AVE. #23
 2.4 CITY-ST-ZIP N. MIAMI BEACH, FL.

3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

4.1 TITLE Change Addition
 4.2 NAME PD BRUNNER JOHN
 4.3 STREET ADDRESS 20311 N.E. 2ND AV. # 24
 4.4 CITY-ST-ZIP N. MIAMI BEACH, FL.

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

6.1 TITLE Change 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, with all other like empowered.

SIGNATURE: Dora K. Cote **REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/18/99
 Date

305-653-2664
 Daytime Phone #

CR2E037 (11/98)