

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 720563 (6)

1. Corporation Name

MAISON GRANDE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

6039 COLLINS AVE.
MIAMI BEACH FL 33140

Mailing Address

6039 COLLINS AVE.
MIAMI BEACH FL 33140

800001776138

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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		26		03/23/1971		04/11/1995	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number		Applied For	
22		27		59-1377619		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing		<input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Country		Trust Fund Contribution			
24		25		29		30	
25		29		30			
29		30					
30							

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HYMAN, MICHAEL
44 W. FLAGLER STREET
14TH FLOOR
MIAMI FL 33130

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	PRES.
NAME	STEINBERG, STANLEY	1.2 NAME	MURTON KADMET
STREET ADDRESS	6039 COLLINS AVE	1.3 STREET ADDRESS	6039 COLLINS AVE
CITY-ST-ZIP	MIAMI BCH FL	1.4 CITY-ST-ZIP	MIAMI BEACH FL 33140
TITLE	D	2.1 TITLE	SECY
NAME	DE PAULA, MAX	2.2 NAME	LOIS ULKOVICH
STREET ADDRESS	6039 COLLINS AVE	2.3 STREET ADDRESS	6039 COLLINS AVE
CITY-ST-ZIP	MIAMI BEACH FL	2.4 CITY-ST-ZIP	MIAMI BEACH FL 33140
TITLE	VPD	3.1 TITLE	DIRECTOR
NAME	CURL, MARCELLO	3.2 NAME	MARCELLO CURL
STREET ADDRESS	6039 COLLINS AVE	3.3 STREET ADDRESS	6039 COLLINS AVE
CITY-ST-ZIP	MIAMI BCH FL	3.4 CITY-ST-ZIP	MIAMI BEACH FL 33140
TITLE	P	4.1 TITLE	DIRECTOR
NAME	GOMEZ, SARA	4.2 NAME	SARA GOMEZ
STREET ADDRESS	6039 COLLINS AVE.	4.3 STREET ADDRESS	6039 COLLINS AVE
CITY-ST-ZIP	MIAMI BEACH FL 33140	4.4 CITY-ST-ZIP	MIAMI BEACH FL 33140
TITLE	T	5.1 TITLE	DIRECTOR
NAME	SABO, SALOMON	5.2 NAME	FRANKLIN BLOCHER
STREET ADDRESS	6039 COLLINS AVE.	5.3 STREET ADDRESS	6039 COLLINS AVE
CITY-ST-ZIP	MIAMI BEACH FL	5.4 CITY-ST-ZIP	MIAMI BEACH FL 33140
TITLE	S	6.1 TITLE	V.PRES
NAME	KAY, HENRY	6.2 NAME	HENRY KAY
STREET ADDRESS	6039 COLLINS AVE	6.3 STREET ADDRESS	6039 COLLINS AVE
CITY-ST-ZIP	MIAMI BEACH FL	6.4 CITY-ST-ZIP	MIAMI BEACH FL 33140

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/01/96 305-865-4247

Date Daytime Phone #

CR2E037 (12/95)