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Mar 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 # 720563 (6)  
1. Corporation Name  
MAISON GRANDE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address  
6039 COLLINS AVE. MIAMI BEACH FL 33140  
6039 COLLINS AVE. MIAMI BEACH FL 33140-2203

3. Date Incorporated or Qualified 03/23/1971  
3a. Date of Last Report 04/10/1996  
4. FEI Number 59-1377619 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  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt #, etc. 26 Suite, Apt #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 25 29 30

9. Name and Address of Current Registered Agent  
HYMAN, MICHAEL  
44 W. FLAGLER STREET  
14TH FLOOR  
MIAMI FL 33130

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  DELETE  
NAME P KAMLET, MORTON  
STREET ADDRESS 6039 COLLINS AVE  
CITY - ST - ZIP MIAMI BCH FL  
TITLE  DELETE  
NAME S LEFKOVICH, LOIS  
STREET ADDRESS 6039 COLLINS AVE  
CITY - ST - ZIP MIAMI BEACH FL  
TITLE  DELETE  
NAME D CURI, MARCELLO  
STREET ADDRESS 6039 COLLINS AVE  
CITY - ST - ZIP MIAMI BCH FL  
TITLE  DELETE  
NAME D GOMEZ, SARA  
STREET ADDRESS 6039 COLLINS AVE.  
CITY - ST - ZIP MIAMI BEACH FL 33140  
TITLE  DELETE  
NAME T SABO, SALOMON  
STREET ADDRESS 6039 COLLINS AVE.  
CITY - ST - ZIP MIAMI BEACH FL  
TITLE  DELETE  
NAME ~~KAY, HENRY~~  
STREET ADDRESS ~~6039 COLLINS AVE~~  
CITY - ST - ZIP ~~MIAMI BEACH FL~~

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP  
2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP  
3.1 TITLE ALZUGARAY, HECTOR DIRECTOR  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS 6039 COLLINS AVE  
3.4 CITY - ST - ZIP MIAMI BEACH - FL 33140  
4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP  
5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP  
6.1 TITLE VICE PRESIDENT  Change  Addition  
6.2 NAME RUBIN, ASHER  
6.3 STREET ADDRESS 6039 COLLINS AVENUE  
6.4 CITY - ST - ZIP MIAMI BEACH - FL 33140

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: \_\_\_\_\_ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR \_\_\_\_\_ Date 2/24/97 Daytime Phone # \_\_\_\_\_

CR2E037 (9/96)