

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 03 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONSDOCUMENT # 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 33140-2203

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 <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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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## 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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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	
TITLE	P <input type="checkbox"/> DELETE
NAME	KAMLET, MORTON
STREET ADDRESS	6039 COLLINS AVE
CITY - ST - ZIP	MIAMI BCH FL
TITLE	S <input type="checkbox"/> DELETE
NAME	LEFKOVICH, LOIS
STREET ADDRESS	6039 COLLINS AVE
CITY - ST - ZIP	MIAMI BEACH FL
TITLE	D <input type="checkbox"/> DELETE
NAME	CURI, MARCELLO
STREET ADDRESS	6039 COLLINS AVE
CITY - ST - ZIP	MIAMI BCH FL
TITLE	D <input type="checkbox"/> DELETE
NAME	GOMEZ, SARA
STREET ADDRESS	6039 COLLINS AVE.
CITY - ST - ZIP	MIAMI BEACH FL 33140
TITLE	T <input type="checkbox"/> DELETE
NAME	SABO, SALOMON
STREET ADDRESS	6039 COLLINS AVE.
CITY - ST - ZIP	MIAMI BEACH FL
TITLE	<input checked="" type="checkbox"/> 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	<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 type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	ALZUGARAY, HECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	6039 COLLINS AVE
3.3 STREET ADDRESS	MIAMI BEACH - FL 33140
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
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	VICE PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> 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

Daytime Phone # 00000000

CR2E037 (9/96)