

FILE NOW: FILING FEE IS \$61.25

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Mar 06 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 # 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
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3. Date Incorporated or Qualified
03/23/1971

4. FEI Number 59-1377619	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
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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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6. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association? Yes No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes No

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	V.P. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KAMLET, MORTON	1.2 NAME	MARCELO CURI
STREET ADDRESS	6039 COLLINS AVE	1.3 STREET ADDRESS	6039 COLLINS AVENUE #1525
CITY-ST-ZIP	MIAMI BCH FL	1.4 CITY-ST-ZIP	MIAMI BEACH, FL 33140
TITLE	S <input type="checkbox"/> DELETE	2.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEFKOVICH, LOIS	2.2 NAME	LOIS LEFKOVICH
STREET ADDRESS	6039 COLLINS AVE	2.3 STREET ADDRESS	6039 COLLINS AVE. #1732
CITY-ST-ZIP	MIAMI BEACH FL	2.4 CITY-ST-ZIP	MIAMI BEACH, FL 33140
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALZUGARAY, HECTOR	3.2 NAME	
STREET ADDRESS	6039 COLLINS AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BCH FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOMEZ, SARA	4.2 NAME	SARA GOMEZ
STREET ADDRESS	6039 COLLINS AVE.	4.3 STREET ADDRESS	6039 COLLINS AVENUE #1425
CITY-ST-ZIP	MIAMI BEACH FL 33140	4.4 CITY-ST-ZIP	MIAMI BEACH, FL 33140
TITLE	T <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SABO, SALOMON	5.2 NAME	
STREET ADDRESS	6039 COLLINS AVE.	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL	5.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	6.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUBIN, ASHER	6.2 NAME	ASHER RUBIN
STREET ADDRESS	6039 COLLINS AVE	6.3 STREET ADDRESS	6039 COLLINS AVENUE #701
CITY-ST-ZIP	MIAMI BEACH FL	6.4 CITY-ST-ZIP	MIAMI BEACH, FL 33140

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: MORTON KAMLET - PRESIDENT (305)865-4247

CP2E037 (10/97)