

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 723174 (9)

1. Corporation Name
RO-MONT SOUTH CONDOMINIUM "M", INC.



Principal Place of Business: 20314 NE 2ND AVE, NORTH MIAMI BEACH FL 33179
Mailing Address: 20314 NE 2ND AVE, NORTH MIAMI BEACH FL 33179

3. Date Incorporated or Qualified: **04/14/1972**
3a. Date of Last Report: **02/13/1995**

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields.

4. FEI Number: **59-1499069**
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ISKOWITZ, ANN
115 NE 202 TERRACE
MIAMI FL 33179

81 Name: **GALLO, Damian J.**
82 Street Address (P.O. Box Number is Not Acceptable): **115 N. E 202 Terr.**
83: **APT M12**
84 City: **N. Miami Beach, FL** 85 Zip Code: **33179**

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 617.033, Florida Statutes.

SIGNATURE: *[Signature]* DATE: **01-24-96**

12. OFFICERS AND DIRECTORS		DELETED
TITLE	D	<input checked="" type="checkbox"/>
NAME	ISKOWITZ, ANN	
STREET ADDRESS	115 NE 202 TERRACE	
CITY-ST-ZIP	MIAMI FL	
TITLE	DP	<input checked="" type="checkbox"/>
NAME	MISSALL, LEE	
STREET ADDRESS	115 NE 202 TERRACE	
CITY-ST-ZIP	MIAMI FL	
TITLE	TD	<input checked="" type="checkbox"/>
NAME	MISSALL, MONA	
STREET ADDRESS	115 NE 202 TERR	
CITY-ST-ZIP	MIAMI FL	
TITLE	SV	<input type="checkbox"/>
NAME	HURLEY, FRAN	
STREET ADDRESS	115 NE 202 TERRACE	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	Pres. D	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
1.2 NAME	Gallo, Damian J.		
1.3 STREET ADDRESS	115 NE 202 Terr. - M12		
1.4 CITY-ST-ZIP	N. Miami Beach, FL - 33179		
2.1 TITLE	V. Pres. D	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2.2 NAME	ALVAREZ, ARGELIA		
2.3 STREET ADDRESS	115 NE 202 Terr. - M9		
2.4 CITY-ST-ZIP	N. Miami Beach, FL - 33179		
3.1 TITLE	Secty-Treas. D	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
3.2 NAME	HURLEY, FRANCES		
3.3 STREET ADDRESS	115 NE 202 Terr. - M7		
3.4 CITY-ST-ZIP	N. Miami Beach, FL - 33179		
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

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]* DATE: **01/24/96**

CR2E037 (12/95)