

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 724166 (4)
 1. Corporation Name
AVILA CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address
 17620 ATLANTIC BLVD. MIAMI BEACH FL 33160
 17620 ATLANTIC BLVD. MIAMI BEACH FL 33160

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		08/22/1972	06/14/1995
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Applied For / Not Applicable
22		27		NOT APPLICABLE	
City & State		City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23		28		<input type="checkbox"/>	
Zip	Country	Zip	Country	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24	25	29	30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
LEUNG, JOSEPH Y CPA 18999 BISCAYNE BLVD., #205 N. MIAMI BEACH FL 33180				81 Name	WILLIAM J SEGAL P.A.		
				82 Street Address (P.O. Box Number is Not Acceptable)	20801 BISCAYNE BLVD SUITE 304		
				83			
				84 City	AVENTURA		85 Zip Code
					FL		33180

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 *William J Segal* *6/27/96*
 Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	P
NAME	CASSAMASSA, LUKE	1.2 NAME	MARVIN MANNING
STREET ADDRESS	17620 ATLANTIC BLVD	1.3 STREET ADDRESS	17660 ATLANTIC BLVD
CITY-ST-ZIP	MIAMI BCH, FL 00000	1.4 CITY-ST-ZIP	MIAMI BEACH FL 33160
	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	P
TITLE	S	2.2 NAME	AZZATO MARVIN
NAME	KAEBLE, MARIA	2.3 STREET ADDRESS	300 177TH DRIVE
STREET ADDRESS	17620 ATLANTIC BLVD	2.4 CITY-ST-ZIP	MIAMI BEACH FL 33160
CITY-ST-ZIP	MIAMI BCH, FL 00000		
	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	T
TITLE	VP	3.2 NAME	ROCCO DISANGRO
NAME	JOSEPH GULLUSCIO	3.3 STREET ADDRESS	17560 ATLANTIC BLVD
STREET ADDRESS	200-177 DRIVE #208	3.4 CITY-ST-ZIP	MIAMI BEACH FL 33160
CITY-ST-ZIP	MIAMI BEACH FL		
	DELETE	4.1 TITLE	S
TITLE	T	4.2 NAME	ED MORZE
NAME	ELKIN, ANNIE	4.3 STREET ADDRESS	17560 ATLANTIC BLVD
STREET ADDRESS	200 177TH DRIVE	4.4 CITY-ST-ZIP	MIAMI BEACH FL 33160
CITY-ST-ZIP	NO MIAMI BEACH FL		
	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	T
TITLE	D	5.2 NAME	BERNICE LENNER
NAME	REAL, DORE	5.3 STREET ADDRESS	17560 ATLANTIC BLVD
STREET ADDRESS	200 177TH DRIVE	5.4 CITY-ST-ZIP	MIAMI BEACH FL 33160
CITY-ST-ZIP	N MIAMI BEACH FL		
	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	T
TITLE	D	6.2 NAME	IRVING ABBOTT
NAME	AZZATO, ANTHONY	6.3 STREET ADDRESS	17570 ATLANTIC BLVD
STREET ADDRESS	200 177TH DRIVE	6.4 CITY-ST-ZIP	MIAMI BEACH FL 33160
CITY-ST-ZIP	MIAMI BEACH FL		
	<input checked="" type="checkbox"/> DELETE		

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, upon an attachment with an address.

SIGNATURE *William J Segal* *6/27/96* *(305) 9312850*
 Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (3/96)