

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB -9 PH 12: 01

DOCUMENT # 727060 (6)
1. Corporation Name
OLYMPIC TOWER ASSOCIATION, INC.

Principal Place of Business Mailing Address
920 NE 169TH ST NORTH MIAMI BEACH FL 33162
920 NE 169TH ST NORTH MIAMI BEACH FL 33162

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 07/27/1973	3a. Date of Last Report 01/25/1994
4. FEI Number 59-1788309	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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
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	2a. Mailing Address
21 State, Apt. #, etc.	25 State, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	29
26	30

9. Name and Address of Current Registered Agent
VILINSKY, BERYL
920 NE 169 ST
N. MIAMI BEACH FL 33162

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when resigning) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	SD
NAME	SCHWAB, IDA
STREET ADDRESS	920 N E 169 ST
CITY - ST - ZIP	N MIAMI BCH, FL 00000
TITLE	VD
NAME	LOWENSTEIN, ERNEST
STREET ADDRESS	920 NE 169 ST.
CITY - ST - ZIP	N MIAMI BCH FL
TITLE	TD
NAME	BRANDWEIN, HELEN
STREET ADDRESS	920 NE 169TH ST
CITY - ST - ZIP	N MIAMI BCH FL
TITLE	PD
NAME	VILINSKY, BERYL
STREET ADDRESS	920 NE 169TH ST
CITY - ST - ZIP	N MIAMI BCH FL
TITLE	D
NAME	MANTELL, LOUIS
STREET ADDRESS	920 NE 169TH ST
CITY - ST - ZIP	N MIAMI BCH FL
TITLE	D
NAME	SHAW, GABRIEL
STREET ADDRESS	920 N E 169 ST
CITY - ST - ZIP	N MIAMI BCH, FL 00000

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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	VD
5.3 STREET ADDRESS	JARIN, ISADOR
5.4 CITY - ST - ZIP	920 N. E. 169 ST.
	N. MIAMI BEACH, FL
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 110.07(3)(M), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an addendum.

SIGNATURE: Helen Brandwein 2/2/95 050-2287
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Typed Name)