

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 727060 (6)

1. Corporation Name
OLYMPIC TOWER ASSOCIATION, INC.



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

3. Date Incorporated or Qualified: **07/27/1973**
3a. Date of Last Report: **02/09/1995**
4. FEI Number: **59-1788309**
Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: **21**
2a. Mailing Address: **26**
Suite, Apt. #, etc.: **22**
City & State: **23**
Zip: **24** Country: **25**
Zip: **29** Country: **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
85 Zip Code: **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	SD <input type="checkbox"/> DELETE	1.1 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCHWAB, IDA	1.2 NAME	JORGE FERRY
STREET ADDRESS	920 N E 169 ST	1.3 STREET ADDRESS	920 N.E. 169 ST
CITY-ST-ZIP	N MIAMI BCH, FL 00000	1.4 CITY-ST-ZIP	N. MIAMI BEACH, FL 33162
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOWENSTEIN, ERNEST	2.2 NAME	PERLMAN, JOSEPH
STREET ADDRESS	920 NE 169 ST.	2.3 STREET ADDRESS	920 N.E. 169 ST.
CITY-ST-ZIP	N MIAMI BCH FL	2.4 CITY-ST-ZIP	N. MIAMI BEACH, FL 33162
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRANDWEIN, HELEN	3.2 NAME	
STREET ADDRESS	920 NE 169TH ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	N MIAMI BCH FL	3.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VILINSKY, BERYL	4.2 NAME	
STREET ADDRESS	920 NE 169TH ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	N MIAMI BCH FL	4.4 CITY-ST-ZIP	
TITLE	VD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JARIN, ISADOR	5.2 NAME	
STREET ADDRESS	920 NE 169TH ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	N MIAMI BCH FL	5.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHAW, GABRIEL	6.2 NAME	
STREET ADDRESS	920 N E 169 ST	6.3 STREET ADDRESS	
CITY-ST-ZIP	N MIAMI BCH, FL 00000	6.4 CITY-ST-ZIP	

1.1 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	JORGE FERRY
1.3 STREET ADDRESS	920 N.E. 169 ST
1.4 CITY-ST-ZIP	N. MIAMI BEACH, FL 33162
2.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	PERLMAN, JOSEPH
2.3 STREET ADDRESS	920 N.E. 169 ST.
2.4 CITY-ST-ZIP	N. MIAMI BEACH, FL 33162
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 type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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 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: *Heleen Brandwein* **HELEN BRANDWEIN** **2/22/96** **652-2287**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)