

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 # 727158 (8)

1. Corporation Name
THE SOVEREIGNS CONDOMINIUM, INC.



Principal Place of Business Mailing Address
6851 SW 147TH AVE. MIAMI FL 33193

3. Date Incorporated or Qualified **08/09/1973** 3a. Date of Last Report **02/03/1995**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	59-1514081	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
22	27	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
City & State	City & State	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No
23	28		
Zip	Country	29	30
24	25		

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SAGER, LOUIS
6851 SW 147TH AVE
MIAMI FL 33193

81 Name **Lionel Barnet, Esquire**
82 Street Address (P.O. Box Number is Not Acceptable)
Alhambra International Center
83 **255 Alhambra Circle, Suite 610**
84 City **Coral Gables, FL** 85 Zip Code **33134**

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 **LIONEL BARNET, Registered Agent**

Lionel Barnet **100001733631/8/96**
03/06/96-01021

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CANDIDATES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HAUSMAN, SID	1.2 NAME	MANN, ED
STREET ADDRESS	6831 SW 147TH AVE #2-A	1.3 STREET ADDRESS	6821 SW 147 AVE #4-H
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	MIAMI, FL 33193
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NASH, MARTIN	2.2 NAME	NASH, MARTIN
STREET ADDRESS	6911 SW 147TH AVE #3-B	2.3 STREET ADDRESS	6911 SW 147 AVE #3-B
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	MIAMI, FL 33193
TITLE	TD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SAGER, LOUIS	3.2 NAME	MILLER, FRED
STREET ADDRESS	6911 SW 147TH AVE.	3.3 STREET ADDRESS	6821 SW 147 AVE #2-B
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	MIAMI, FL 33193
TITLE	SD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAVIS, GERTRUDE	4.2 NAME	GLASSMAN, RUTH
STREET ADDRESS	6821 SW 147TH AVE.	4.3 STREET ADDRESS	6831 SW 147 AVE #2-G
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	MIAMI, FL 33193
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GOLDMAN, AL	5.2 NAME	SCHNEIDERMAN, GENE
STREET ADDRESS	6801 SW 147TH AVENUE	5.3 STREET ADDRESS	6841 SW 147 AVE #1-E
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	MIAMI, FL 33193
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TANENZAPF, HAROLD	6.2 NAME	STONE, BEN
STREET ADDRESS	6901 SW 147TH AVE #3-A	6.3 STREET ADDRESS	6801 SW 147 AVE #1-A
CITY-ST-ZIP	MIAMI FL	6.4 CITY-ST-ZIP	MIAMI, FL 33193

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]* **2/12/96** **305.462.1900**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)