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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 727158

1. Corporation Name
THE SOVEREIGNS CONDOMINIUM, INC.

Principal Place of Business 6851 SW 147TH AVE. MIAMI FL 33193	Mailing Address 6851 SW 147TH AVE. MIAMI FL 33193
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	3. Date Incorporated or Qualified 08/09/1973	4. FEI Number 59-1514081 Applied For Not Applicable	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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9. Name and Address of Current Registered Agent

~~HENRY ZALKIN, PRES-
CAPITAL PROP. MGT. INC.-
10691 N. KENDALL DR, SUITE 207-
MIAMI FL 33176~~

10. Name and Address of New Registered Agent

81 Name **Lillie Gil**
82 Street Address (P.O. Box Number is Not Acceptable) **L & B PROPERTY MGT. INC.**
83 **6851 SW 147 AVE.**
84 City **MIAMI** FL 85 Zip Code **33193**

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 Lillie Gil **LILLIE GIL, PRESIDENT.** DATE **2-23-99**

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	NASH, MARTIN	
STREET ADDRESS	6911 SW 147TH AVE, #3B	
CITY-ST-ZIP	MIAMI FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	BURT SCHNEIDER	
STREET ADDRESS	6861 SW 147TH AVE #4A	
CITY-ST-ZIP	MIAMI FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	MILLER, FRED	
STREET ADDRESS	6821 SW 147TH AVE, #2B	
CITY-ST-ZIP	MIAMI FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	GLASSMAN, RUTH	
STREET ADDRESS	6831 SW 147TH AVE, #2G	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	TANENZAPF, HAROLD	
STREET ADDRESS	6901 SW 147TH AVE, #3A	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	STONE, BEN	
STREET ADDRESS	6801 SW 147TH AVE, #1A	
CITY-ST-ZIP	MIAMI FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Sissy Slater	
1.3 STREET ADDRESS	6911 SW 147 AVE. #3-D	
1.4 CITY-ST-ZIP	MIAMI, FL 33193	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	MAXIMO ALVAREZ-MENA	
2.3 STREET ADDRESS	6861 SW 147 AVE. #1A	
2.4 CITY-ST-ZIP	MIAMI, FL 33193	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	BEN SEIGEL	
3.3 STREET ADDRESS	6801 SW 147 AVE. #3F	
3.4 CITY-ST-ZIP	MIAMI, FL 33193	
4.1 TITLE	D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	ALBERTO MOUSSET	
4.3 STREET ADDRESS	6831 SW 147 AVE. #2C	
4.4 CITY-ST-ZIP	MIAMI, FL 33193	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	JOE KRISSEL	
5.3 STREET ADDRESS	6911 SW 147 AVE. #3D	
5.4 CITY-ST-ZIP	MIAMI, FL 33193	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	JOSE GONZALEZ	
6.3 STREET ADDRESS	6831 SW 147 AVE. #3H	
6.4 CITY-ST-ZIP	MIAMI, FL 33193	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Martin Nash **MARTIN NASH** DATE **2/22/99** DAYTIME PHONE # **805-382-9592**

SIGNATURE TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)