NOT-FOR-PROFIT CORPORATION

FILED Apr 16, 2003 8:00 am Secretary of State UNIFORM BUSINESS REPORT (UBR) DOCUMENT #チリ/7/ 04-16-2003 90189 050 ****61.25 FLANCO CONDOMINIUM ASSOCIATION, INC 90089300 DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For Not Applicable \$8.75 Additional Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of Current Registered Agent DUDOMINIUM DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable) IN THIS SPACE 3701 N. COUNTRY Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida. 2003 PHILLIPS, EISENGER (NOTE: Registered Agent signature required when reinstating) Make Check Payable to 9. Election Campaign Financing \$5.00 May Be FEE IS \$61.25 Trust Fund Contribution. Added to Fees **Department of State** Initial or Amended UBR OFFICERS AND DIRECTORS PRESIDENT TITLE CR2E037B (12/01 TITLE MYRON LEWIS NAME NAME CLUB DRIVE 3701 N. COUNTRY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP VICE PRESIDENT TITLE TITLE OVADIA SIMHA 3701 N. COUNTRY CLUB DR NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LORAINE MAIL TITLE SECRETARY TITLE 373(N. COUNTRY CLUB DR \$527 NAME NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CITY-ST-ZIP TITLE IN THIS SPACE TREASURER GEORGE KATZMAN 3701 N.COUPTRY CLUB DR. PH3 AVENTURA FL. 33180 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DIRECTOR ROBERT SPAD AFORA TITLE TITLE NAME 3731 N. COUNTRY CLUBOR, #1129 STREET ADDRESS STREET ADDRESS AVENTURA, FL. 33180 CITY-ST-ZIP CITY-ST-ZIP DAVID SILVERSTEIN TITLE TITLE

12. 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 report or supplemental 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 10 or on an with all other like empow attachment with an addr

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATUR

NAME

STREET ADDRESS

CITY-ST-ZIP

DIRECTOR 3731 N. COUNTRY CLUBDE, #728

AVENTURA, FL. 33180

12. 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 report or supplemental 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 10 or on an attachment with an address, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

4/11/2003 305-931-1225