FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996
DOCUMENT #

742373

(4)

IONIAN PLAZA CONDOMINIUM, INC.

ninal Diago of Business	Mailiga Ad

Mailing Address



110 SALAMANCA AVE CORAL GABLES FL 33134	110 SALAMANCA AVE CORAL GABLES FL 33134			
			3. Date Incorporated or Qualified 04/12/1978	3a. Date of Last Report 03/28/1995
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21	26 CO GRIFFIA	REALTY I	NG 59-1974499	Not Applicable
Suite, Apt. #, etc.		AL WAY #3		S8.75 Additional Fee Required
City & State	City & State	FLA	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country	Zip 33145	Country	8. This corporation has liability for int	
24. 25	29	DADE		Yes □ No
g. Name and Address of Current	Registered Agent		10. Name and Address of New Re	gistered Agent
•		81 Name	COLEGIA RELITY 7	5.0
PORTUONDO, RAFAEL 110 SALAMANCA AVEN #402 81 Name GRIFFIN RELTY, TWO 82 Street Address (P.O. Box Number is Not Acceptable) 2050 CORAL WAY # 305				
110 SALAMANCA AVEN #402			2050 CORAL WAY	#305
CORAL GABLES FL 33134		83		
•		84 City	NIAMÍ	FL 85 Zip Code 33145
11. Pursuant to the provisions of Sections 617.0502	and 617 1508 Florida Statutes It	he above named corno	ration submits this statement for the purp	ose of changing its registered office
or registered agent, or both, in the State of Florida	 Such change was authorized b 	by the corporation's bo	ard of directors. I hereby accept the appoin	ntment as registered agent. I am
familiar with, and accept the obligations of Section	on 617.0503, Florida Statutes.	. 1 Par.		3-15-96
SIGNATURE Storpfure byted or printed name of Light area agent a	JAJ R. GRIFF	Roosterad Apent signature requir	ad when renstating	DATE
12. OF IVERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECTORS IN 12
THILE PD	DELETE	1 1 TITLE	PD D	Change Addition
NAME PORTUONDO, RAFAEL	~	12 NAME	WILENSKY, LEOUA	(BI)
STREET ADDRESS 110 SALAMANCA		1.3 STREET ADDRESS	WILENSKY, LEONA	E # 207
CITY-ST-ZIP CORAL GABLES, FL 00000	•	1.4 CITY - ST- ZIP	COON GARIES, E	7A 33134
TITLE TD	DELETE	2.1 TITLE TO 2		Change Addition
NAME SCHULTZ, MARIA		2 2 NAME	SOLEK LYDIA	JE # 2.0
STREET ADDRESS 110 SALAMANCA AVENUE #202 23 STREET ADDRESS		2.3 STREET ADDRESS	CORAL GABLES, FLA 33134 SOLER, LYDIA Change MAddition 110 SALAMANCA FIVE. # 307	
CITY-SI-ZIP CORAL GABLES FL		2 A CITY OF TIP	CORALGABLES, FL	• •
TITLE VSD	DELETE	31 TITLE VPS	CRESPO, VOLANS	A Change Addition
NAME WILENSKY, LEONARD	A	3 2 NAME	CRESPO, JOHANI	7
STREET ADDRESS 1100 SALAMANCA AVENUE	405	33 STREET ADDRESS	ILE SULAMANCA HI	JE # 201
CITY-ST-ZIP CORAL GABLES FL		3 4. CITY-ST-ZIP	CORAL GABLES, FL	A 33134
TITLE SOLVE CHOCKS IE	DELETE	4.1 TITLE		Change Addition
NAME		4. 2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
		4.4 CITY - ST - ZIP		
CITY-ST-ZIP	DELETE	5.1 TITLE		Addition
NAME	L. John C.	5.2 NAME	9000017 9 -04/29/960103	100_100 00000
			***81.25	30 -003
STREET ADDRESS		5 3 STREET ADDRESS	<u> ተ</u> ቀተፀ1. ፈጋ	
CiTY-ST-ZIP	DELETE	5.4 CITY-ST-ZIP 6.1 TITLE		Change Addition
		62 NAME		
NAME.		■ l		
STREET ADDRESS		6 3 STREET ADDRESS		
CTry-St-ZiP 14. I so hereby certify that the information supplied v	vith this filing is voluntarily furnish.	6.4 CITY-ST-ZIP ed and does not qualify	for the exemption stated in Section 119.0	7(3)(k), Florida Statutes, I further

4. It is hereby certify that the information supplied with this filing is voluntarily turnished and does not quality for the exemption stated in Section 119.07(3)(4), Florida Statutes, Turnier 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 injector of the comporation 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:

AND TYPED OR PRINTED NAME OF SIGNING OF OUR OR DIRECTO

LEONARD WILENSKY 3.

(305) 443-6042