

FILE NOW: FILING FEE IS \$61.25

FILED

**Jan 31 1997 8:00am
Secretary of State**

| | | |
|---|---|---|
| NONPROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # 752257 (6)

1. Corporation Name
1446 OCEAN DRIVE ASSOCIATION, INC.



| | |
|---|--|
| Principal Place of Business 1446 OCEAN DRIVE P O BOX 41-4110 MIAMI BEACH FL 33141 | Mailing Address C/O WOODS MANAGEMENT 2740 W 5 AVE HIALEAH FL 33010-1307 US |
|---|--|

| | |
|--|--|
| 3. Date Incorporated or Qualified 04/30/1980 | 3a. Date of Last Report 02/20/1996 |
| 4. FEI Number 59-1684364 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

| | |
|---|----------------------------------|
| 2. Principal Place of Business 21 | 2a. Mailing Address 26 |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 |
| City & State 23 | City & State 28 |
| Zip 24 | Country 25 |
| Zip 29 | Country 30 |

9. Name and Address of Current Registered Agent

**WOODS MANAGEMENT
11600 N.E. 10TH AVENUE
2740 W 5 AVE
HIALEAH FL 33010**

10. Name and Address of New Registered Agent

| |
|---|
| 81 Name |
| 82 Street Address (P.O. Box Number is Not Acceptable) |
| 83 |
| 84 City |
| FL 85 Zip Code |

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

| | | |
|----------------|--------------------------------------|---------------------------------|
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | STARR, RITA | |
| STREET ADDRESS | 1446 OCEAN DR. #38 | |
| CITY-ST-ZIP | MIAMI BEACH FL | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | ROLANDO GALI | |
| STREET ADDRESS | 5741 S.W. 5TH STREET | |
| CITY-ST-ZIP | MIAMI FL 33144 | |
| TITLE | DS | <input type="checkbox"/> DELETE |
| NAME | GARANTE, FRAN | |
| STREET ADDRESS | 1446 OCEAN DRIVE #18 | |
| CITY-ST-ZIP | MIAMI BEACH FL | |
| TITLE | DT | <input type="checkbox"/> DELETE |
| NAME | BELKOV, RAPHAEL | |
| STREET ADDRESS | 895 WEST DILIDO DRIVE | |
| CITY-ST-ZIP | MIAMI BEACH FL | |
| TITLE | DV | <input type="checkbox"/> DELETE |
| NAME | MAHIBAR, SOL | |
| STREET ADDRESS | 3101 INDIAN CREEK DR. APT 111 | |
| CITY-ST-ZIP | MIAMI BEACH FL | |
| TITLE | DP | <input type="checkbox"/> DELETE |
| NAME | WINCELE, HOWARD | |
| STREET ADDRESS | 1446 OCEAN DR. #29 | |
| CITY-ST-ZIP | MIAMI BEACH FL | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13, changed, or on an attachment with an address.

SIGNATURE: *Howard Wincele* **HOWARD WINCELE** 954-385-0981
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 1/31/97 Date Daytime Phone # 0022728

CFR2E037 (9/96)