

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 # 760105 (7)
1. Corporation Name

ORDUNA COURT CONDOMINIUM, INC.



Principal Place of Business: % MICHAEL E. REHR, 3081 SALZEDO ST., CORAL GABLES FL 33134
Mailing Address: % MICHAEL E. REHR, 3081 SALZEDO ST., CORAL GABLES FL 33134

3. Date Incorporated or Qualified: 09/18/1981
3a. Date of Last Report: 03/23/1995

2. Principal Place of Business: 21 220 Miracle Mile, Suite, Apt., etc.: 22 SUITE 238, City & State: 23 CORAL GABLES FL, Zip: 24 33134, Country: 25 USA
2a. Mailing Address: 26, Suite: 27 MICHAEL E. REHR, ESQ., 220 MIRACLE MILE - SUITE 238, City & State: 28 CORAL GABLES, FL 33134, Zip: 29, Country: 30

4. FEI Number: 59-2215948, Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: REHR, MICHAEL E, 3081 SALZEDO STREET, CORAL GABLES FL 33134
10. Name and Address of New Registered Agent: 81 Name: Rehr, Michael E., 82 Street Address (P.O. Box Number is Not Acceptable): 220 MIRACLE MILE - SUITE 238, 83, 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: *Michael E. Rehr* (NOTE: Registered Agent signature required when reinstating) DATE: 1-22-96

12. OFFICERS AND DIRECTORS

TITLE	D	DELETE
NAME	SILBERMAN, CECILY	
STREET ADDRESS	2575 S. BAYSHORE DR.	
CITY-ST-ZIP	MIAMI FL	
TITLE	DV	DELETE
NAME	GUELL, ROBERTO	
STREET ADDRESS	90 EDGEWATER DR.	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	DPT	DELETE
NAME	KNOTT, ERNIE	
STREET ADDRESS	800 S. DIXIE HWY. #307	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DIR	Change	Addition
1.2 NAME	Edward Russo		
1.3 STREET ADDRESS	606 Biltmore way		
1.4 CITY-ST-ZIP	Coral Gables 33134		
2.1 TITLE		Change	Addition
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		Change	Addition
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		Change	Addition
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		Change	Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		Change	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 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: *Ernie Knott* 2/23/96 305-665-9229
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)