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Feb 04 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **764894** **(2)**

1. Corporation Name

OLSEN HOTEL CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
7300 OCEAN TERRACE MIAMI BEACH FL 33141	% J&H MANAGEMENT 275 FOUNTAINBLEAU BLVD., #200 MIAMI FL 33172

3. Date Incorporated or Qualified: 10/06/1982

4. FEI Number: 59-2420768 ☐ Applied For ☐ Not Applicable

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

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
TUDZAROV & GREENBERG 345 WEST OAKLAND PARK BLVD FT. LAUDERDALE FL 33311	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	~~CHECHEBAR~~, GABRIEL CHEHEBAR		1.2 NAME		
STREET ADDRESS	7300 OCEAN TERRACE		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH FL 33141		1.4 CITY-ST-ZIP		
TITLE	VD	☑ DELETE	2.1 TITLE	VD	☐ Change ☑ Addition
NAME	~~CHECHEBAR~~, ROSIE CHEHEBAR Rosy		2.2 NAME	GARY CRAYTON	
STREET ADDRESS	7300 OCEAN TERRACE		2.3 STREET ADDRESS	7300 Ocean Terrace	
CITY-ST-ZIP	MIAMI BEACH FL 33141		2.4 CITY-ST-ZIP	Miami Beach, FL 33141	
TITLE	TSD	☑ DELETE	3.1 TITLE	Secretary/D	☑ Change ☐ Addition
NAME	HERNANDEZ, ISABEL		3.2 NAME	CHEHEBAR ROSY	
STREET ADDRESS	7300 OCEAN TERRACE		3.3 STREET ADDRESS	7300 Ocean Terrace	
CITY-ST-ZIP	MIAMI BEACH FL 33141		3.4 CITY-ST-ZIP	Miami Beach, FL 33141	
TITLE		☐ DELETE	4.1 TITLE	Treasurer	☐ Change ☑ Addition
NAME			4.2 NAME	GEORGE ARDURA	
STREET ADDRESS			4.3 STREET ADDRESS	7300 Ocean Terrace	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	Miami Beach, FL 33141	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (10/97)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ GABRIEL CHEHEBAR 1/25/98 (305) 207-9532
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

SIGNATURE REQUIRED

0032649