

**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Apr 17 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

**DOCUMENT # 766621 (7)**  
1. Corporation Name  
**168 CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business		Mailing Address	
168 SE 1ST STREET SUITE 704 MIAMI FL 33131 US		P.O. BOX 110223 MIAMI FL 33111 US	
2. Principal Place of Business	2a. Mailing Address	21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State	23. Zip	28. Zip
24. Country	25. Country	29. Country	30. Country

3. Date Incorporated or Qualified <b>01/20/1983</b>
4. FEI Number <b>59-2425018</b>
Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

**NANCI LANDY P.A.  
150 SE 2 AVENUE  
SUITE 500  
MIAMI FL 33131**

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	PD	<input checked="" type="checkbox"/> DELETE
NAME	GOLDMEN, HOWARD	
STREET ADDRESS	168 SE 1ST STREET	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	SOBINO, MARCELO	
STREET ADDRESS	1541 BRICKELL AVE #2905	
CITY-ST-ZIP	MIAMI FL 33129	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	ABRAMS, LEONARD	
STREET ADDRESS	1 NE 1ST STREET #700	
CITY-ST-ZIP	MIAMI FL 33132	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	VERIT, JORDIE	
STREET ADDRESS	168 SE 1ST STREET	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LEONE, MARCELO	
STREET ADDRESS	168 SE 1ST STREET	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE		<input type="checkbox"/> DELETE
NAME	<i>carlos jordan</i>	
STREET ADDRESS		
CITY-ST-ZIP		

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	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	SABINO, MARCELO	
2.3 STREET ADDRESS	1541 BRICKELL AVE #2905	
2.4 CITY-ST-ZIP	MIAMI, FL 33129	
3.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	ABRAMS, LEONARD	
3.3 STREET ADDRESS	1 NE 1 STREET #700	
3.4 CITY-ST-ZIP	MIAMI, FL 33132	
4.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	VERITE, JORDI	
4.3 STREET ADDRESS	168 SE 1 STREET #500	
4.4 CITY-ST-ZIP	MIAMI, FL 33131	
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	LEONE, MARCELO	
5.3 STREET ADDRESS	168 SE 1 STREET #11th FLOOR	
5.4 CITY-ST-ZIP	MIAMI, FL 33131	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	CARLOS JORDAN	
6.3 STREET ADDRESS	117 GAVILAN AVE	
6.4 CITY-ST-ZIP	CORAL GABLES, FL 33143	

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: \_\_\_\_\_ DATE: **4/13/98** PHONE: **305 378 0720**

CR2E037 (10/97)