


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
 Sep 30 1998 8:00am³
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 768554 (8)
 1. Corporation Name
MNTY CONDOMINIUMS ASSOCIATION, INC.



Principal Place of Business 865 N.E. 209TH ST. MIAMI, FL. . 33179	Mailing Address 865 N.E. 209TH ST. MIAMI, FL. . 33179
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3. Date Incorporated or Qualified 05/20/1983	
4. FEI Number 59-2390638	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
7. Is this nonprofit corporation a homeowners association? <input checked="" 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 type="checkbox"/> Yes <input 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

**LERNER, LISA
 885 NE 209 ST. N.
 MIAMI FL 33179**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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	NAME SOLAWAY, NEAL	<input type="checkbox"/> DELETE
STREET ADDRESS 841 NE 207 LANE, #201	CITY-ST-ZIP MIAMI FL	
TITLE VP	NAME GROSSO, MARY JANE	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS 821 N.E. 207 TERR.	CITY-ST-ZIP MIAMI, FL .	
TITLE S	NAME LIMEMAN, KENNETH K.	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS 841 N.E. 207 LANE, #108	CITY-ST-ZIP MIAMI FL	
TITLE D	NAME BASHER, RICHARD	<input type="checkbox"/> DELETE
STREET ADDRESS 851 NE 207 TERR	CITY-ST-ZIP MIAMI FL	
TITLE T	NAME BUTCHER, JON A	<input type="checkbox"/> DELETE
STREET ADDRESS 821 NW 207 LANE, #101	CITY-ST-ZIP MIAMI FL	
TITLE	NAME	<input type="checkbox"/> DELETE
STREET ADDRESS	CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DIRECTOR	<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 VICE - PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME DIRECTOR	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE SEC/TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME DIRECTOR	
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 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: _____ **8-01-98 305-604-447X**

CR2E037 (5/98)