

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
 AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # N39031 (2)  
 1. Corporation Name

1218 DREXEL CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business: 1218 DREXEL AVE. APT 201 MIAMI FL 33139 US  
 Mailing Address: P.O. BOX 191904 MIAMI BEACH FL 33139 US

3. Date Incorporated or Qualified: 07/09/1990  
 3a. Date of Last Report: 10/23/1995  
 4. FEI Number: 65-0203001  
 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

2. Principal Place of Business  
 21 1218 Drexel Ave.  
 Suite, Apt. #, etc.  
 22 APT 101  
 City & State  
 23 Miami, FL  
 Zip  
 24 33139  
 Country  
 25 US  
 2a. Mailing Address  
 26  
 Suite, Apt. #, etc.  
 27  
 City & State  
 28  
 Zip  
 29  
 Country  
 30

9. Name and Address of Current Registered Agent  
 BACH LENORA M ESO  
 1540 EUCLID AVE.  
 102  
 MIAMI BEACH FL 33139

10. Name and Address of New Registered Agent  
 81 Name: Lenora M. Bach, Esq.  
 82 Street Address (P.O. Box Number is Not Acceptable): 1130 Washington Avenue  
 83 7th Floor  
 84 City: Miami Beach FL  
 85 Zip Code: 33139

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: [Signature] DATE: 7/30/96  
 (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		DELETE
TITLE	VP/D	<input type="checkbox"/>
NAME	BACH, LENORA ESO	
STREET ADDRESS	1540 EUCLID AVE. #102	
CITY - ST - ZIP	MIAMI BEACH FL 33139	
TITLE	P/D	<input type="checkbox"/>
NAME	RODRIGUEZ, EDDIE	
STREET ADDRESS	1218 DREXEL AVE, APT 105	
CITY - ST - ZIP	MIAMI BEACH FL	
TITLE	S/D	<input type="checkbox"/>
NAME	KATZ, MORRIS	
STREET ADDRESS	1110 BRICKELL AVE. #407	
CITY - ST - ZIP	MIAMI H FL	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY - ST - ZIP			
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY - ST - ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY - ST - ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY - ST - ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY - ST - ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
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: [Signature] DATE: 7/30/96  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: Lenora Bach, V.P/D  
 Daytime Phone #: 674-4495

CR2E037 (3/96)