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FILED
Jan 30 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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 Mailing Address

1218 DREXEL AVE.
APT 101
MIAMI FL 33139
US

P.O. BOX 191904
MIAMI BEACH FL 33119-1904
US

3. Date Incorporated or Qualified 07/09/1990 3a. Date of Last Report 08/05/1996

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 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

BACH LENORA M ESQ
1130 WASHINGTON AVENUE
7TH FLOOR
MIAMI BEACH FL 33139

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 _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President / Dir	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Lenora Bach	
1.3 STREET ADDRESS	1130 Washington Ave, 7th Fl.	
1.4 CITY-ST-ZIP	Miami Beach, FL 33139	
2.1 TITLE	James Gilderstecca	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	1218 Drexel Avenue 1VP/Dir	
2.3 STREET ADDRESS	Unit 201	
2.4 CITY-ST-ZIP	Miami Beach, FL 33139	
3.1 TITLE	Ernie Zalk, Sr Dir	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	1218 Drexel Ave	
3.3 STREET ADDRESS	Unit 202	
3.4 CITY-ST-ZIP	Miami Beach, FL 33139	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
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 do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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: *L Bach* Lenora Bach, President/Dir 305.6744495

CR2E037 (9/96)