FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # N41965 (7)

1. Corporation Name
1342 DREXEL CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business
~~ONE FIRST STREET~~
~~1342 DREXEL AVE~~
~~MIAMI BEACH FL 33139~~
~~US~~

Mailing Address
~~% DEJA VU PROPERTIES INC~~
~~PO BOX 191304~~
~~MIAMI BEACH FL 33119~~
~~US~~

3. Date Incorporated or Qualified: 02/06/1991
3a. Date of Last Report: 11/22/1995

2. Principal Place of Business
21 1342 DREXEL AVE.
22 Suite, Apt. #, etc. ——
23 City & State: MIAMI BEACH, FL
24 Zip: 33139
25 Country: DADE

2a. Mailing Address
26 C/O ALEX ORTIZ
27 Suite, Apt. #, etc.: P.O. BOX 190764
28 City & State: MIAMI BEACH, FL
29 Zip: 33119
30 Country: DADE

4. FEI Number: 65-0241926 — 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

9. Name and Address of Current Registered Agent
SORRELL, DANIEL
1342 DREXEL AVE #205
MIAMI BCH. FL 33139

10. Name and Address of New Registered Agent
81 Name: PATRICK RUSSELL
82 Street Address (P.O. Box Number is Not Acceptable): 150 SE 25TH. RD. #9A
83 MIAMI, FL
84 City: FL
85 Zip Code: 33129

11. Pursuant to the provisions of [illegible]ons 61[illegible]502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or b[illegible] the Sta[illegible] Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familia[illegible] and acc[illegible] obligatio[illegible] of Section 617.0503, Florida Statutes.

SIGNATURE: X [signature] PRESIDENT 4/20/96
(Registered Agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	☒ DELETE
NAME	SORRELL, DANIEL	
STREET ADDRESS	1342 DREXEL AVE #205	
CITY-ST-ZIP	MIAMI BCH. FL	
TITLE	VPD	☒ DELETE
NAME	BARBOSA, SERGIO	
STREET ADDRESS	1342 DREXEL AVE #305	
CITY-ST-ZIP	MIAMI BCH FL	
TITLE	SD	☒ DELETE
NAME	HENNES, GARY	
STREET ADDRESS	1342 DREXEL AVE #101	
CITY-ST-ZIP	COCONUT GROVE FL	
TITLE	TD	☒ DELETE
NAME	RUSSELL, PATRICK	
STREET ADDRESS	150 SE 25RD #9A	
CITY-ST-ZIP	MIAMI FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT D	☐ Change	☐ Addition
1.2 NAME	PATRICK RUSSELL		
1.3 STREET ADDRESS	150 SE 25TH RD #9A		
1.4 CITY-ST-ZIP	MIAMI, FL 33129		
2.1 TITLE	SECRETARY D	☐ Change	☐ Addition
2.2 NAME	DANIEL SORRELL		
2.3 STREET ADDRESS	1342 DREXEL AVE. #205		
2.4 CITY-ST-ZIP	MIAMI BEACH, FL 33139		
3.1 TITLE	TREASURER D	☐ Change	☐ Addition
3.2 NAME	CLOTILDE MORENO		
3.3 STREET ADDRESS	1342 DREXEL AVE #104		
3.4 CITY-ST-ZIP	MIAMI BEACH, FL 33139		
4.1 TITLE		☐ Change	☐ Addition
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE	000001798206	☐ Change	☐ Addition
5.2 NAME	-04/29/96- -01036--005		
5.3 STREET ADDRESS	***61.25		
5.4 CITY-ST-ZIP			
6.1 TITLE		☐ Change	☐ 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 [illegible] 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 [illegible]plemental 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 [illegible]ceiver [illegible]rustee 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 a[illegible]ment wi[illegible] address.

SIGNATURE: X [signature] PATRICK J. RUSSELL 4/20/96 305-860-9010
SIGNATURE AND TYPE OR PRINT NAME OF DIRECTOR (SIGNATURE) (NAME PRINTED) Date (DATE) Daytime Phone # (AREA CODE)

CR2E037 (12/95)