


FILE NOW: FILING FEE IS \$61.25

FILED

May 01 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N50469** (8)

1. Corporation Name

RO-MONT SOUTH CONDOMINIUM "Q," INC.

Principal Place of Business

Mailing Address

**20314 NE 2 AVE
N MIAMI BEACH FL 33179**

**20314 NE 2 AVE
N MIAMI BEACH FL 33179-2344**



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

3. Date Incorporated or Qualified

08/20/1992

3a. Date of Last Report

03/06/1996

4. FEI Number

65-0031474

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

10. Name and Address of New Registered Agent

81 Name

Jennings, Aston

82 Street Address (P.O. Box Number is Not Acceptable)

65 N.E. 202 Terrace

83

84 City

Apt. Q-27

N. Miami Beach

FL

85 Zip Code

33179

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]
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-7-97

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	FORTIN, JEAN-CLAUDE	
STREET ADDRESS	65 NE 202 TERRACE Q-4	
CITY-ST-ZIP	N MIAMI BEACH FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	POSNAK, SYLVIA	
STREET ADDRESS	65 NE 202 TERRACE Q-10	
CITY-ST-ZIP	N MIAMI BEACH FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	BROSS, ROSE	
STREET ADDRESS	65 NE 202 TERRACE Q-17	
CITY-ST-ZIP	N MIAMI BEACH FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	BOSSE, MICHELINE	
STREET ADDRESS	65 NE 202 TERRACE Q-25	
CITY-ST-ZIP	NO MIAMI BCH FL	
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	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	JENNINGS, Aston	
1.3 STREET ADDRESS	65 N.E. 202 Terrace Q-27	
1.4 CITY-ST-ZIP	N.M.B. FL.	
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	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	HARRIS, Monica	
3.3 STREET ADDRESS	65 N.E. 202 Terrace Q-07	
3.4 CITY-ST-ZIP	N.M.B. FL	
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)(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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/97
Date

(305) 653-2664
ASTON JENNINGS
Daytime Phone # **0033246**

CR2E037 (9/96)