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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N50469

1. Corporation Name
RO-MONT SOUTH CONDOMINIUM "Q," INC.

Principal Place of Business: 20314 NE 2 AVE, N MIAMI BEACH FL 33179
 Mailing Address: 20314 NE 2 AVE, N MIAMI BEACH FL 33179



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		08/20/1992	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
				65-0031474	
22		27		Applied For	
City & State		City & State		Not Applicable	
23		28		5. Certificate of Status Desired <input type="checkbox"/>	
Zip		Zip		\$8.75 Additional Fee Required	
24		29		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
Country		Country		\$5.00 May Be Added to Fees	
25		30			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
JENNINGS, ASTON 65 NE 202 TERR APT Q-27 N MIAMI FL 33179				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 617.0502, Florida Statutes.

SIGNATURE Aston Jennings, Pres. DATE 03/10/1999
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE	1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	JENNINGS, ASTON		1.2 NAME	Irene Leventhal			
STREET ADDRESS	65 NE 202 TERR Q-27		1.3 STREET ADDRESS	65 NE 202 Terr Q24			
CITY-ST-ZIP	N MIAMI FL		1.4 CITY-ST-ZIP	N Miami Fl			
TITLE	VD	<input type="checkbox"/> DELETE	2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	POSNAK, SYLVIA		2.2 NAME	Serafin Bazan			
STREET ADDRESS	65 NE 202 TERRACE Q-10		2.3 STREET ADDRESS	65 N.E. 202 Terr Q.21			
CITY-ST-ZIP	N MIAMI BEACH FL		2.4 CITY-ST-ZIP				
TITLE	D Director	<input type="checkbox"/> DELETE	3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FORTIN, J		3.2 NAME	Bernice Roth			
STREET ADDRESS	65 NE 202 TERR Q-04		3.3 STREET ADDRESS	65 NE 202 Terr Q.32			
CITY-ST-ZIP	N MIAMI BCH FL		3.4 CITY-ST-ZIP	N Miami Bch Fl			
TITLE	SD	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	ROTH, B		4.2 NAME	Annette Vafa			
STREET ADDRESS	65 NE 202 TERR Q-32		4.3 STREET ADDRESS	65 NE 202 Terr Q 2			
CITY-ST-ZIP	N MIAMI BCH FL		4.4 CITY-ST-ZIP	N Miami Bch Fl			
TITLE	D	<input type="checkbox"/> DELETE	5.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	DESAUTELS, R		5.2 NAME	Raymond Nunez			
STREET ADDRESS	65 NE 202 TERR 1-32		5.3 STREET ADDRESS	65 NE 202 Terr Q. 18			
CITY-ST-ZIP	MIA FL		5.4 CITY-ST-ZIP	N Miami bch fl			
TITLE	D	<input checked="" type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BOSSE, M		6.2 NAME				
STREET ADDRESS	65 NE 202 TERR Q-25		6.3 STREET ADDRESS				
CITY-ST-ZIP	MIA FL		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, with all other like empowered.

CR2E037 (1/198)