


FILE NOW: FILING FEE IS \$61.25

FILED
Apr 02 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N94000000 350
 1. Corporation Name
JANE APARTMENTS CONDOMINIUM ASSOCIATION, INC.,
a Florida not-for-profit corporation

Principal Place of Business 3909 Garden Avenue Miami Beach, Florida	Mailing Address 3909 Garden Avenue 33139 Miami Beach, Florida 33139
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified <u>01/25/96</u>	4. FEI Number <u>65-0725633</u>	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent
Richard A. Wood, Esq.
KEITH MACK LLP
200 South Biscayne Blvd.
20th Floor
Miami, Florida 33131

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 Richard A. Wood
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-stating) DATE

12. OFFICERS AND DIRECTORS

TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	Jean-Marie de Lavelanet
STREET ADDRESS	3909 Garden Avenue, #4
CITY-ST-ZIP	Miami Beach, Florida 33139
TITLE	D <input type="checkbox"/> DELETE
NAME	Betty S. Malaguti
STREET ADDRESS	62 York Street
CITY-ST-ZIP	W. Pringfield, MA 01089
TITLE	D <input type="checkbox"/> DELETE
NAME	Else Klein
STREET ADDRESS	3909 Garden Avenue
CITY-ST-ZIP	Miami Beach, Florida 33139
TITLE	D <input type="checkbox"/> DELETE
NAME	Rabbi Meir Felman
STREET ADDRESS	3909 Garden Avenue
CITY-ST-ZIP	Miami Beach, Florida 33139
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	P/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	Carlos Romagosa
13 STREET ADDRESS	3909 Garden Avenue, #4
14 CITY-ST-ZIP	Miami Beach, Florida 33139
21 TITLE	S/T/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	Betty S. Malguti
23 STREET ADDRESS	62 York Street
24 CITY-ST-ZIP	W, Springfield, MA 01089
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

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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 from an attachment with an address.

SIGNATURE: [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CFR2037 (10/97)