

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Apr 01, 1999 8:00 am**  
**Secretary of State**

04-01-1999 90051 028 \*\*\*\*61.25



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

NONPROFIT CORPORATION  
 ANNUAL REPORT  
**1999**

DOCUMENT # **N94000005000 (4)**

1. Corporation Name  
**THE HABANA CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business  
**1308 Drexel Ave  
 MIAMI BEACH, FL  
 33139**

Mailing Address  
**C/O Deja Vu Properties  
 P.O. BOX 191904  
 MIAMI BEACH, FL  
 33119**

|                                |                     |                                   |
|--------------------------------|---------------------|-----------------------------------|
| 2. Principal Place of Business | 2a. Mailing Address | 3. Date Incorporated or Qualified |
| Suite, Apt. #, etc.            | Suite, Apt. #, etc. | <b>10/05/94</b>                   |
| City & State                   | City & State        | 4. FEI Number                     |
| Zip                            | Zip                 | <b>65-0621232</b>                 |
| Country                        | Country             | Applied For                       |
|                                |                     | Not Applicable                    |

|  |                          |   |                               |
|--|--------------------------|---|-------------------------------|
| 5. Certificate of Status Desired                       | <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required                 |                               |
| 6. Election Campaign Financing Trust Fund Contribution | <input type="checkbox"/> | <b>\$5.00</b> May Be Added to Fees                    |                               |
| 9. Name and Address of Current Registered Agent        |                          | 10. Name and Address of New Registered Agent          |                               |
|  |                          | 81 Name   | <b>SHERRY BARTLETT</b>        |
|  |                          | 82 Street Address (P.O. Box Number is Not Acceptable) | <b>1130 Washington Avenue</b> |
|  |                          | 83  | <b>7th FLOOR</b>              |
|  |                          | 84 City   | <b>MIAMI BEACH</b>            |
|  |                          | 85 State  | <b>FL</b>                     |
|  |                          | 86 Zip Code   | <b>33139</b>                  |

11. Pursuant to the provisions of Sections 617.0503 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]* **SHERRY Bartlett** DATE: **2/25/99**

| 12. OFFICERS AND DIRECTORS |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|--|---|---|
| TITLE                      | <input type="checkbox"/> DELETE                | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>Treasurer / Dir<br/>Esteban Sardon</b>      | 1.2 NAME  |   |
| STREET ADDRESS             | <b>1308 Drexel Ave # 205</b>                   | 1.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>MIAMI BEACH, FL 33139</b>                   | 1.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE                | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>President / Dir<br/>John Thornton</b>       | 2.2 NAME  |   |
| STREET ADDRESS             | <b>1308 Drexel Ave # 101</b>                   | 2.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>MIAMI BEACH, FL 33139</b>                   | 2.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE                | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>Ken Director<br/>Kenneth Richard</b>        | 3.2 NAME  |   |
| STREET ADDRESS             | <b>1308 Drexel Ave # 302</b>                   | 3.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>MIAMI BEACH, FL 33139</b>                   | 3.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE                | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>Vice-President / Dir<br/>Joseph GALIANO</b> | 4.2 NAME  |   |
| STREET ADDRESS             | <b>10 Washington Street</b>                    | 4.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>Hicksville, N.Y. 11801</b>                  | 4.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE                | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>Secretary / Dir<br/>William Frampton</b>    | 5.2 NAME  |   |
| STREET ADDRESS             | <b>1308 Drexel Ave # 112</b>                   | 5.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>MIAMI BEACH, FL 33139</b>                   | 5.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE                | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |  | 6.2 NAME  |   |
| STREET ADDRESS             |  | 6.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |  | 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)(l), 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.

SIGNATURE: *[Signature]* **John Thornton** DATE: **2/25/99** DAYTIME PHONE #: **305 674-4495**

CR2E037 (11/98)